

# Application for Balanced and Restorative Justice Trainer

To apply, complete (type or print legibly) this application form and return to the ICJIA by **August 25, 2005**. You will be notified by August 31, 2005 if you are selected.

Contact Information:

Name \_\_\_\_\_  
 Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_  
 Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Select which BARJ Training you are interested in. (Check all that apply.)

*Victim Offender Mediation Training* (please pick one or two locations)

- Northern Location: October 4-7, 2005, Hilton Garden Inn-Oakbrook
- Southern Location: November 29-December 2, 2005, Hilton- Springfield

*Peacemaking Circles Training* (please pick one or two locations)

- Northern Location: October 25-28, 2005, Hilton Garden Inn-Oakbrook
- Southern Location: December 6-9, 2005, Hilton- Springfield

*Family Group Conferencing Training* (please pick one or two locations)

- Northern Location: November 2-4, 2005, Hilton Garden Inn-Oakbrook
- Southern Location: November 7-9, 2005, Hilton- Springfield

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1. Please list BARJ practice-specific trainings, conferences, and seminars that you have attended (attach a separate sheet if necessary).

Training name/ topic: \_\_\_\_\_  
 Sponsoring agency: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_  
 Training length (in days): \_\_\_\_\_

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 Dates (month/year): \_\_\_\_\_  
 Training length (in days): \_\_\_\_\_

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Training name/ topic: \_\_\_\_\_  
 Sponsoring agency: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_  
 Training length (in days): \_\_\_\_\_

2. Please describe the BARJ-related trainings that you have conducted (attach a separate sheet if necessary).

Training name/ topic: \_\_\_\_\_  
 Sponsoring agency: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_  
 Primary audience: \_\_\_\_\_  
 Training length (in days): \_\_\_\_\_

Training name/ topic: \_\_\_\_\_  
 Sponsoring agency: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_  
 Primary audience: \_\_\_\_\_  
 Training length (in days): \_\_\_\_\_

Training name/ topic: \_\_\_\_\_  
 Sponsoring agency: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_  
 Primary audience: \_\_\_\_\_  
 Training length (in days): \_\_\_\_\_

Training name/ topic: \_\_\_\_\_  
 Sponsoring agency: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_  
 Primary audience: \_\_\_\_\_  
 Training length (in days): \_\_\_\_\_

Training name/ topic: \_\_\_\_\_  
 Sponsoring agency: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_  
 Primary audience: \_\_\_\_\_  
 Training length (in days): \_\_\_\_\_

Training name/ topic: \_\_\_\_\_  
 Sponsoring agency: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_  
 Primary audience: \_\_\_\_\_  
 Training length (in days): \_\_\_\_\_

3. Which BARJ practice have you personally facilitated?

- Restorative Group Conferencing: Approximately how many? \_\_\_\_\_
- Peacemaking Circles: Approximately how many? \_\_\_\_\_
- Victim Offender Mediation: Approximately how many? \_\_\_\_\_
- I have never facilitated a BARJ practice/ program.

Application Package Checklist:

- Each team member application form
- Outline of proposed agenda

Send by mail or by fax to: *Jessica Ashley, Illinois Criminal Justice Information Authority, 120 S. Riverside Plaza, Suite 1016, Chicago, IL 60606; Fax# 312-793-8422.*