

ORANGE COUNTY COURT DIVERSION
REVIEW BOARD APPLICATION

Date: _____

Name : _____ Phone #: _____

Mailing Address: _____

Town of Residence: _____ Email: _____

Age: _____

Occupation: _____

If employed, place of employment: _____

May we call you at work? _____ Work phone # : _____

References:

1) _____ Phone: _____

Your relationship to this person:

2) _____ Phone: _____

Your relationship to this person:

1. Do you have any past experiences which might relate to Diversion? Please describe.
2. Why do you wish to become a Review Board member?
3. What do you feel you can contribute as a Review Board member?
4. How often would you be available to attend Review Board meetings?
5. Additional comments: (Use more pages if necessary)

Return your completed application to:

OCCDP

PO Box 58

Chelsea, VT 05038