

Community Restorative Justice Commission of MONTEREY COUNTY

Commission Member Application

NAME: Charles DaSilva

DATE: 5-10-23

DL#: B4368074

DOB: 1-3-77

SSN: 556-65-7575

(You must include a photocopy of your driver's license and social security card).

Current Address

Street/ Apt No.	City	State	Zipcode
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Home Phone: _____

Work Phone: _____

Present Occupation: Programs Manager at the Monterey County Jail

Special licenses, credentials, training certificates: Certified Therapeutic Rehabilitation Therapist, PC832 certified

Previous volunteer experience:

Business/Organization Name	Address	Phone	Job/Position Title	Supervisor
RJP, INC	229 Reindollar Ave, Marina		Board President	
FDES Monterey	950 Casanova Ave, Monterey		Board President	
Monterey Surf Soccer Club	Monterey		Boys U12 Competitive Coach	

How did you hear about the Community Restorative Justice Commission? WORK

Have you ever been convicted of a crime resulting in: imprisonment, probation, fine, forfeiture of bail of \$100 or more? Yes NO X

If yes, indicate the following:

Charge: Date Charged: Location: Action Taken:

Why are you interested in working as a member on the Community Restorative Justice Commission?

I believe that my greatest strength is the passion and dedication I have for caring for people of our community, helping them succeed in their lives, making sure they receive the tools and skills they need to be productive citizens. I will continue to promote my passion in the correctional rehabilitation field developing programs for incarcerated persons to become better citizens in our community. Jean de la Bruyere once said, "Out of difficulties grow miracles." I believe that miracles do happen through the Restorative Justice process, and I would be honored to be a part of such an amazing commission dedicating myself to changing and helping lives through the restorative justice process.

Those who serve on the commission are expected to attend the monthly meeting, held on the 3rd Monday from 12:00 — 1:00 PM. You must be available to attend this meeting, as well as serve on at least one subcommittee, participate in a conference and attend Restorative Justice training.

I certify that the information on this application is true and correct to the best of my knowledge. Furthermore, my signature provides my authorization to the County of Monterey to do driver and criminal records check, as well as reference checks to determine my suitability for placement.

C. Dasilva

5-10-23

Signature

Date

Please contact (831) 755-396* for questions. Please return this application to 1422 Natividad Road, Salinas, CA 93906 or fax it to (831) 759-7242.