



*Helping People
Resolve Disputes*

Name: _____

Address: _____ City _____ Zip _____

Phone Number: (Day) _____ Email Address _____

Occupation: _____ Employer _____

Mediation training (trainer, course, dates)

Education: (Degrees/Trainings/Experience)

Volunteer Experience/Community Organizations:

Hobbies/Interests:

How did you hear about Community Mediation Services, Inc.?

What makes you interested in becoming a volunteer mediator?



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Which of your strengths/characteristics would enhance your effectiveness as a mediator?

What other languages do you speak? Or interpret?

Are you available for mediations during the:

_____ Day (Circle One: often, occasionally, rarely)
_____ Evening (Circle One: often, occasionally, rarely)
_____ Weekends (Circle One: often, occasionally, rarely)

Are you willing to mediate for Community Mediation Services, Inc. for a minimum of two years? Yes _____ No _____

I certify I have not had a professional license revoked, I have not been refused membership or practice rights in a profession, nor have I been involuntarily banned, dropped or expelled from any profession.

(signature)

(date)

Please indicate when you are available for a 15-minute interview (please circle one):

early morning

day

evening

anytime

Please return to: Mediation Coordinator
Community Mediation Services, Inc.
9220 Bass Lake Road, Suite 270
New Hope, MN 55428

If you have questions, please contact me at 763-561-0033 or staff@mediationprogram.com