



**Community
Mediation
Services, Inc.**

2010 MEDIATOR COMMITMENT LETTER

(Please Print)

Name: _____

Address: _____

City: _____ Zip: _____

Home#: _____ Work: _____ Cell: _____

Employer (if retired, former): _____

Email Address: _____

AT THIS TIME, I AM AVAILABLE TO MEDIATE*:

| | | | | | | |
|------------|-----------------------------------|---------------------------------|----------------------------|----------------------------|----------------------------|---------------|
| Mornings | <input type="checkbox"/> M | <input type="checkbox"/> T | <input type="checkbox"/> W | <input type="checkbox"/> T | <input type="checkbox"/> F | |
| Afternoons | <input type="checkbox"/> M | <input type="checkbox"/> T | <input type="checkbox"/> W | <input type="checkbox"/> T | <input type="checkbox"/> F | |
| Evenings | <input type="checkbox"/> M | <input type="checkbox"/> T | <input type="checkbox"/> W | <input type="checkbox"/> T | <input type="checkbox"/> F | After: ____PM |
| Weekends | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | | | | |

Regular Court/School Rotation: _____ AM / PM
(day)

I am trained to do the following mediations:

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Conciliation Court | <input type="checkbox"/> Housing Court | <input type="checkbox"/> Harassment Court | <input type="checkbox"/> Community |
| <input type="checkbox"/> Shared Parenting | <input type="checkbox"/> Large Group | <input type="checkbox"/> Circles | <input type="checkbox"/> Telephonic |
| <input type="checkbox"/> School | <input type="checkbox"/> Expediting | <input type="checkbox"/> DeNovo/Restorative | <input type="checkbox"/> Pre-filing |

I am unwilling to do the following type(s) of mediations: (please list)

I am interested in being trained to do the following type(s) of mediations:

Other language(s) you speak: _____

I am willing to help with:

- | | | |
|--|---|---|
| <input type="checkbox"/> Board Committee | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Marketing | <input type="checkbox"/> Outreach Speaking |
| <input type="checkbox"/> Scheduling | <input type="checkbox"/> School Dispute Resolution Training | <input type="checkbox"/> Technical Computer Support |
| <input type="checkbox"/> Training | <input type="checkbox"/> Other areas of expertise _____ | |

I agree to mediate a minimum of six cases a year for CMS and I intend to complete my 6 continuing education hours per year for CMS approved classes. 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. I acknowledge volunteering with CMS is not for a specific term and it can be ended either by myself or CMS, with or without cause, with or without notice, at any time.

Signature _____

Date _____

THANK YOU FOR ALL YOU DO!

**Any time your availability to mediate changes, please let us know. Thanks!*