



**Community  
Mediation  
Services, Inc.**

2012 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"/> Th | <input type="checkbox"/> F |               |
| Afternoons | <input type="checkbox"/> M        | <input type="checkbox"/> T      | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F |               |
| Evenings   | <input type="checkbox"/> M        | <input type="checkbox"/> T      | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | After: ____PM |
| Weekends   | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |                            |                             |                            |               |

**REGULAR SCHOOL OR COURT ROTATION:** Day \_\_\_\_\_AM/PM

**I am trained to do the following mediations:**

- |   |  |   |                                     |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Concil. Crt Diversions | <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"/> RJ Community           | <input type="checkbox"/> School        | <input type="checkbox"/> Restorative      | <input type="checkbox"/> Runaways   |

**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:**

\_\_\_\_\_

**I speak another language:** \_\_\_\_\_

**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 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 CMS, with or without cause, with or without notice, at any time or myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Any time your availability to mediate changes, please let us know. Thanks for all you do!  
Please return to Sandy at [staff@mediationprogram.com](mailto:staff@mediationprogram.com) or Fax to 763-561-0266

