



VOLUNTEER MEDIATOR APPLICATION

(Please Print)

Community
Mediation
Services, Inc.

Name: _____

Address: _____

City: _____ Zip: _____

Daytime Phone number: _____ Home Work Cell

Occupation: _____ Employer (if retired,
former): _____

Email Address: _____

If accepted as a volunteer mediator, are you willing to mediate for Community Mediation Services, Inc. for a minimum of two years? Yes No

Have you had prior mediation training? If so, please name trainer, course, dates.

Education: (Degrees/Trainings/Experience)

What volunteer experience with community organizations have you had?

Hobbies/Interests:

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

Why are you interested in becoming a volunteer mediator?

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:

- | | | | |
|-----------------------------------|--------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Day | <input type="checkbox"/> often | <input type="checkbox"/> occasionally | <input type="checkbox"/> rarely |
| <input type="checkbox"/> Evening | <input type="checkbox"/> often | <input type="checkbox"/> occasionally | <input type="checkbox"/> rarely |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> often | <input type="checkbox"/> occasionally | <input type="checkbox"/> rarely |

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. I have been provided a copy of the CMS Volunteer Mediator Position Description.

(signature)

(date)

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

- | | |
|--|----------------------------------|
| <input type="checkbox"/> early morning | <input type="checkbox"/> evening |
| <input type="checkbox"/> day | <input type="checkbox"/> anytime |

Please return to: Mediation Coordinator
Community Mediation Services, Inc.
9220 Bass Lake Road, Suite 270
New Hope, MN 55428
Fax (763) 561-0266

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