

Volunteer Mediator Application

For Internal Use Only

ID # _____

DB Initials: _____

Date in PHSR: ___ / ___ / ___

Legal Name: _____ Preferred Name: _____
First MI Last Preferred Name

Application for

Small Claims Community Victim Offender Dialogue Youth and Family Mediation

Home Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Which is your preferred contact number? Home Work Cell

Email addresses: Personal: _____ Business: _____

Which is your preferred contact Email? Personal Business

Formal Education: *Describe your formal education, including schools attended, dates, degrees, certificates, licenses, etc.*

Current Employer/Occupation: *Please include a description of job duties/specialty areas, etc.*

Conflict Resolution Experience: *What kind of experience do you have as a conflict resolver.*

Qualities and Skills: *What qualities and skills do you have that you feel would be useful as a conflict resolver?*

Volunteer Experience: *Please describe your experience as a volunteer, including name of organization and dates you volunteered.*



Clackamas County Resolutions Services

Volunteer Mediator Application

Availability: Please indicate when you are available to volunteer, including scheduling preferences like “8:30 – 11:30 am” , “weekly”, “monthly” or “every 1st and 3rd”, etc.

	Monday	Tuesday	Wednesday	Thursday
Morning				
Afternoon				
Evening				

Number of hours per month you are willing to volunteer: _____

References

Please provide two references whom we can contact regarding your ability and experience in working with people, particularly in difficult or sensitive situations.

Reference Name _____ Phone Number _____

Relationship _____ City/State _____

Reference Name _____ Phone Number _____

Relationship _____ City/State _____

Emergency Contact:

Please provide a contact name and two phone numbers we should call in the event of an emergency:

First and Last Name _____ Relationship _____

Two Contact Numbers () _____ () _____

I hereby certify that the above is true and accurate.

Signature _____ Date _____



Information about Court-Connected Volunteer Mediator

To be made available to the public pursuant to the Court-Connected Mediator Qualifications Rules

Name: _____

Basic Mediation Training

Please include the date, number of hours, and name of the organization or trainer

Training and/or experience in the court system:

Other mediation, conflict resolution, or other relevant training or education:

Description of mediation experience

Please include type of cases, approximate number of cases, and approximate hours spent as a mediator

Professional memberships or affiliations, including mediation associations

Other relevant experience

Relevant codes of ethics to which you subscribe

All program volunteers are required to abide by the Oregon Mediation Association Core Standards of Mediation Practice. Please include other relevant professional or ethical codes here.

Information about Court-Connected Volunteer Mediator

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Please initial and sign below

_____ I have read and will abide by the Oregon Mediation Association Core Standards of Mediation Practice

_____ I have read the OJD Court-Connected Mediator Qualifications Rules, and I will comply with them, including the Mediator Ethics contained in Section 1.4 if I am selected to serve as a mediator.

I hereby certify that the above is true and accurate.

Signature_____ Date_____