



## MEDIATOR APPLICATION FORM

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
What is the best way to reach you? \_\_\_\_\_  
What time(s) are best to reach you? \_\_\_\_\_  
Birthday (Month/Day only) \_\_\_\_ / \_\_\_\_

How did you hear about Conflict Solutions Center?

Please describe any previous mediation experience you have.

Duration of Mediation Experience \_\_\_\_\_

Approximate Number of Mediations \_\_\_\_\_

Please let us know what training you have had:

Please list the three most recent trainings you've completed in mediation, facilitation or related skills.

Name of training	Hours	Source of training

What special abilities or qualifications would make you an effective mediator?

Please tell us a little about why you want to be a volunteer mediator?

What types of mediation are you interested in?

Restorative Justice	Small Claims	Parent/Teen	Superior court
Neighbor/Neighbor	Business to business	Commercial	Community based
Landlord/Tenant	Real estate	Employment/Workplace	
Small business	Construction	Contracts disputes	All
Cross-cultural	School-based	Multi-Party	

**When are you generally available to mediate?**

Weekdays \_\_\_\_ Days & Times: \_\_\_\_\_

Weekends \_\_\_\_ Days & Times: \_\_\_\_\_

Evenings \_\_\_\_ Days & Times: \_\_\_\_\_

**In what geographic area would you prefer to mediate:**

Santa Barbara \_\_\_\_\_ Santa Maria \_\_\_\_\_

Lompoc \_\_\_\_\_ Buellton/Solvang/Santa Ynez \_\_\_\_\_

**Are you fluent in Spanish or any other language?**

No  Yes What language?

**Please give us the names and phone numbers of three professional references with whom you have worked in conflict resolution. This may include training instructors or mediation clients.**

Name	Relationship	Phone Number

**Are you willing to volunteer in any of the following additional ways?**  Translating

Events staffing  Public Speaking  Marketing/PR  Office work

Pre-mediation communications  Answering calls/Intakes/Info. & referral

Other: \_\_\_\_\_

My signature below certifies that to the best of my knowledge and belief, the information on this form is true and correct.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

*Please mail to: CSC 120 E. Jones St. Santa Maria, CA 93454*

*Thank you for applying as a volunteer mediator with Conflict Solutions Center. We will be in contact with you.*