

Community Mediation Services New Volunteer Mediator Application

Name: _____

Street Address: _____

Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Date of Birth: _____

1. Do you have any mediation experience? If so, where and when? Please explain.
2. Please list your present employer, address, phone number and brief job description.
3. Please list any other volunteer activities.
4. Please list highest level of education completed.

Name of college:

Major course of study:

Degree(s):

5. Please list three professional references. Please include names, addresses, and contact phone numbers.

1.

2.

3.

6. In addition to English, do you fluently speak any other languages?

7. Why do you want to be a mediator?

8. Have you ever been convicted or charged with a crime? If yes, please explain.

9. How often would you be available to mediate?

10. Do you have a valid driver's license? Do you have access to a car?

Signature

Date

Please return this form to the following address:

Community Mediation Services
1201 Bacharach Blvd.
Atlantic City, New Jersey 08401