

Application for Volunteer Mediator

Name: _____ Day Phone: _____

Address: _____ Eve Phone: _____

_____ Zip: _____

Optional

Ethnicity: _____

Sex: _____

Age Group: _____

City:

Why do you want to become a mediator?

What skills do you have which you think would make you a good mediator?

(your center name) is a community-based program. What experience do you have which demonstrates your commitment to community?

What other type of volunteering have you done? What was the time commitment to that work?

What food best represents conflict to you and why?

What times are you available to mediate? (Please remember you need approx. 4 hours per session)

The following dates are available for our brief interview. The interviews will be held in different locations around the county where we hold mediations. Please circle as many dates you would be available to attend.

(insert dates and times here)

Mediators are required to attend the full 50-hour training course.

After the course, trainees will observe two mediations, co-mediate 2

mediations with an experienced mediator and go through an

evaluation/strategy session. After completing the apprenticeship,

mediators are required to volunteer (your requirements) hours for a

year, and attend at least (your requirements) hours of in-service

training over the year.

VOLUNTEER CONTRACT

I, (your name)_____ am willing to commit to (your center name).

Mediators are required to attend the **full** 50-hour training course. After the course trainees will enter an apprenticeship which usually consist of observing two mediations, and co-mediating two mediations with an experienced mediator as well as going through an evaluation/strategy session.

After completing the apprenticeship, mediators receive their certificate and are required to volunteer (your #) hours a month for a year and attend at least (your #) hours of inservice training over the year.

_____ I will attend the 50-hour training. If an emergency arises and I miss more than 1 hour of the training, I understand that I will not receive a MACMC training certificate but I may receive a center certificate of completion. If I miss more than three hours of training, I understand that I will not be allowed to return to the training and I will not receive any certificates.

_____ After completing the apprenticeship I will volunteer (your #) hours a month for a year.

_____ I commit to attending at least (your #) hours of inservice training.

_____ As a mediator I will keep confidentiality of all mediations.

I am showing my commitment by signing below.

Signature _____ Date _____

(date)

Dear Potential Volunteer Mediators,

We are sending out this letter to all who have expressed an interest in joining the (your program's name) team of volunteer mediators. We have scheduled another training group form (dates of training). Enclosed you will find an announcement of the training, a letter of commitment and an application form.

The training consists of 50-hours of classroom instruction followed by an apprenticeship that usually consists of two observations of real mediations, two mediations with a more experienced mediator, and an evaluation/strategy session. This training is only open to individuals who will commit to volunteer with (your program's name) for a minimum of (your center's requirements) after completing the apprenticeship. We request that you plan to mediate approximately (a number that you feel is appropriate for your center). An actual mediation usually takes about 2 to 2 1/2 hours so we request you to set aside 4 hours per mediation for time to travel, prep, debrief and give feedback. Mediators can also complete these volunteer hours through outreach at fairs, presentations to community groups, committee work, and by assisting in the office. In-service trainings are held (your schedule frequency) on (days and times you will make them available). All mediators are required to complete (your #) hours of in-service training per year. **Please note the importance of making a long-term commitment with (YOUR PROGRAM'S NAME) if you wish to go through this training.**

If you would like to participate in the next training please fill out the enclosed application and return it to us as soon as possible. The application deadline is (date). You must attend one of the pre-training orientations on (date and time). Please call to confirm which one you will attend. You will then go through a brief interview process. The classroom training location will be announced. You must attend all the following training sessions (Insert schedule detail here). If transportation is a problem, car pools will be arranged on the first day of training. Space is limited and we will contact you within (1-2 weeks prior to the scheduled training-give specific dates), to let you know if we can accommodate you in this training. Priority will be given to those who live in (your service area) and to those who are interested in volunteering for (YOUR PROGRAM'S NAME) beyond the minimum requirement.

If you have any questions please call (contact name & number). We look forward to hearing from you soon. Thank you for your interest.

Sincerely,