



## Volunteer Mediator Application

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

What attracted you to mediation?

Why have you decided to apply for this training?

What skills do you have which might help you become a mediator?

What skills do you have that might support the mediation center operation?

What other volunteer experience do you have?

What days and times of the day are you available to volunteer?

How could you work to generate mediation referrals in your community?

How else would you intend to support the work of MSCMC after your training?

Financial Support\_\_\_ Outreach\_\_\_ Communications\_\_\_ Office Help\_\_\_ Events\_\_\_