

COMMUNITY MEDIATION SERVICES

Community Justice Institute

Volunteer Mediator Application

Please check preference

**Family
Mediation**

**Community
Mediation**

Name _____ Daytime
Phone _____

_____ Evening
Phone _____

Street Address

_____ Date of
Birth _____

City _____ Zip Code _____

1. Have you ever received training in mediation? Yes No
If yes, when and where? _____

2. Do you have mediation experience? Yes No
If yes, where? _____

Are you currently participating in another mediation program? If yes,
please describe the program and your time commitment. _____

3. Have you ever received training in arbitration? Yes No
If yes, where? _____
Are you currently participating in an arbitration program? Yes No
If yes, explain. _____

4. Please explain situations in your personal and/or professional life where
you were called upon to solve difficult problems. _____

5. **Employment History**

a. Present Employer _____

Address _____

Dates of Employment _____ Phone No. _____

Title _____ Duties _____

May we contact your employer? Yes No

6. **Community Activities** (List major community and/or volunteer activities only).

a. Name of organization(s) _____

May we contact these organizations? Yes No

7. **Education**

Highest grade completed _____ When completed _____

Name of school/college _____

Major course of study _____

Degree(s) _____

Please list Bar Membership(s) _____

8. Please list any language(s) in addition to English that you speak fluently.

9. How did you hear about the Community Mediation Services, Inc. (CJI)?

10. What is your understanding of what a mediator does? Why do you want to be a mediator?

11. Have you ever been convicted of a felony? Yes No
12. Are you available to mediate one case a month? Yes No
13. Would you be willing to commit yourself to mediate in one of the Atlantic County Municipal Courts? Yes No If yes, please state the time of day you are available. A.M. Afternoon Evening

Signature

Date

Please note, admission to any selection orientation or program is not automatic. If you have any questions regarding this application, please call the Community Justice Institute at 345-7267.

Kindly return this form to:

**Community Mediation Services
1201 Bacharach Boulevard
Atlantic City, New Jersey 08401**

Your comments or questions:
