

COMMUNITY MEDIATION PRINCE GEORGE'S (CMPG) MEDIATOR/TRAINING APPLICATION

APPLICANT INFORMATION*

Name:

Date of Birth:

Race/Sex:

Phone:

Current Address:

City:

State:

ZIP Code:

Highest level of education completed:

Do you speak any languages other than English? Language?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Annual income:

MEDIATION TRAINING INFORMATION (IF APPLICABLE)

Organization:

Type/Model:

Dates:

Organization:

Type/Model:

Dates:

Organization:

Type/Model:

Dates:

TRAINING APPLICANTS- WHY DO YOU WANT TO BE A MEDIATOR?

TRAINING/MEDIATOR APPLICANTS- HOW OFTEN ARE YOU AVAILABLE TO MEDIATE?

MEDIATOR APPLICANTS- PLEASE DESCRIBE YOUR MEDIATION EXPERIENCE AND WHAT YOU BRING TO THE TABLE AS A MEDIATOR.

MEDIATOR APPLICANTS- DO YOU GIVE SUGGESTIONS TO PARTICIPANTS? IF YES, PLEASE EXPLAIN.

SIGNATURE

By signing below I certify that all information included in this application is true to the best of my knowledge. I understand that, if being trained through CMPG, I am required to mediate a minimum of 100 hours to be completed within two (2) years of being trained. I understand that I am required to join and remain a member in good standing with the Maryland Program for Mediator Excellence (MPME) and abide by CMPG's bylaws and Mediator Procedures. I agree to uphold the values of neutrality and confidentiality to the best of my ability.

Signature of applicant:

Date:

*Please feel free to attach additional information on your own sheet of paper.