

**Ventura Superior Court Mandatory Mediation Program
Mediator Application Form**

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone (Office) _____ (Home) _____
Fax Number _____ E-Mail Address _____
Current Occupation _____
Employed by _____
Address _____
How Long? _____

Are you Currently a Mediator?

In Private Practice Yes _____ No _____

With a Voluntary Agency Yes _____ No _____

With a Superior Court Yes _____ No _____

If yes, list where _____

Mediation Experience (Attach extra sheets if needed):

<i>Organization/Agency/Prof. Practice Location</i>	<i>Number & Type of Cases</i>	<i>Number of Hours</i>	<i>Dates</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you licensed in a particular profession or occupation?

<u>Occupation</u>	<u>Licensing Agency</u>	<u>State</u>	<u>License No.</u>
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_____	_____	_____	_____
_____	_____	_____	_____

Agencies Or Organizations For Whom You Are An Approved Mediator (Attach extra sheets if needed):

_____	_____
_____	_____

Areas of Expertise/Experience/Interests related to mediation:

<i>Area of Expertise/Experience/Interests</i>	<i>Describe your Experience</i>
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_____	_____
_____	_____

Are there any types of cases, dispute situations, or people where you feel you might be compromised in your ability to serve in a neutral, impartial, or unbiased manner as a mediator? Your answer to this question will not be used to disqualify you from serving in this program. However, every effort will be made to keep mediators from being placed in a position where ethical, moral or cultural biases could impact the success of the mediation process.

Fluency in Languages other than English:
Language

Degree of Fluency

Prior Occupations or Business Experience:
Employer

Position

Dates of employment

Mediation Training Programs Completed: (Attach copies of any certificates)

Training Organization

Trainers' Names

of Hours

Dates

Education: (Attach copies of any certificates or degrees)

School/College

Course of Study

Dates

Degree/Certificates

Current Membership(s) in Professional Organizations:

Please List the Names of four (4) References (non-family) relating to your Mediation experience. Include at least two professional references:

Name _____ Position _____
Organization _____
Address _____

Telephone Number (Home) _____ (Work/Other) _____

Name _____ Position _____
Organization _____
Address _____

Telephone Number (Home) _____ (Work/Other) _____

Name _____ Position _____
Organization _____
Address _____

Telephone Number (Home) _____ (Work/Other) _____

Name _____ Position _____
Organization _____
Address _____

Telephone Number (Home) _____ (Work/Other) _____

Important: Please submit copies of certificates of completion for the mediation training programs you have attended with this application.

I understand I may be assigned as a pro bono mediator until I have mediated 25 Superior Court mediations and have been approved as a party pay mediator. I also understand that I may be required to serve as a co-mediator with another mediator on co-mediation panels.

My signature below certifies that I have made full disclosure of all information requested on this application form.

Signature _____

Date _____