



NASHVILLE CONFLICT RESOLUTION CENTER

A Tennessee Non-profit Organization

Mediator Information Form

FOR OFFICE USE ONLY: PANELS: VC VRJ VF R31C R31F DV GF

Mediator Style _____ NCRC Training Dates _____ NCRC Certification Date _____

Observations _____

Co-mediations _____

Meetings _____

THE INFORMATION YOU PROVIDE IS CONFIDENTIAL. PLEASE TYPE OR PRINT CLEARLY. SEE SUBMISSION INSTRUCTIONS ON THE LAST PAGE.

CONTACT INFORMATION

Dr. Mr. Ms	_____	_____	_____
	First Name	Middle	Last Name
Organization	_____		_____
			Social Security Number
Home Address	_____		
	_____	_____	_____
	City	State	Zip
Work Address	_____		
	_____	_____	_____
	City	State	Zip
Work Telephone	_____	_____	_____
		Fax	
Home Telephone	_____	_____	_____
		Cell	
Email	_____	_____	_____
		Website	

AVAILABILITY

How many volunteer mediations or court dockets are you willing and able to cover every month?
 During business hours _____ After business hours _____

MEDIATION INFORMATION (ATTACH EXTRA SHEET IF NECESSARY)

ACR Member? _____	Rule 31 Listed? _____	Other ADR Professional Memberships? _____
Languages, other than English, spoken fluently: _____		Write <input type="checkbox"/> Yes <input type="checkbox"/> No Read <input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Background _____	Advanced Degrees Earned _____	
Mediation Training Provider _____	Dates of Training(s) _____	
No. of Hours of Training _____	Certificates Earned (please attach) _____	



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ALTERNATIVE DISPUTE RESOLUTION EXPERIENCE (ATTACH EXTRA SHEET IF NECESSARY)

	No. of cases	Total Hours of Experience	Total Months/Yrs of Service
Mediation, as mediator			
Mediation, as advocate			
Other ADR (describe)			

LIST THE APPROXIMATE NUMBER OF CASES THAT YOU HAVE MEDIATED IN THE FOLLOWING AREAS:

Accident/Personal Injury _____	Debt Collection _____	Real Estate _____
Business _____	Employment/Workplace _____	School _____
Community _____	Family/Domestic _____	VORP _____
Consumer-Merchant _____	Landlord/Tenant _____	Other (list) _____
Construction _____	Public Policy _____	

BRIEFLY DESCRIBE YOUR PHILOSOPHY OR APPROACH TO MEDIATION

EDUCATION (ATTACH EXTRA SHEET IF NECESSARY)

Dates (start to end)	College/University, City, State	Subjects Studied/Degrees Obtained

WORK EXPERIENCE (ATTACH EXTRA SHEET IF NECESSARY, CURRENT EMPLOYMENT FIRST)

Dates (start to end)	Employer/City, State	Position/Duties/Type of Work

VOLUNTEER EXPERIENCE (ATTACH EXTRA SHEET IF NECESSARY)

INCLUDE OTHER DISPUTE RESOLUTION ORGANIZATIONS FOR WHICH YOU HAVE PROVIDED OR CURRENTLY PROVIDE YOUR SERVICES.

Dates (start to end)	Organization/City, State	Volunteer Activities	No. Hrs./Mo.



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PROFESSIONAL LICENSES/ MEMBERSHIPS (ATTACH EXTRA SHEET IF NECESSARY)

Type of License/State	Date Obtained/Status	License/Bar /Membership No.

Has any professional license or membership ever been suspended or revoked? Yes No
If yes, please explain in detail (attach extra sheet if necessary)

Have you been the subject of a disciplinary complaint, refused admission to practice, reprimanded, sanctioned, or held in contempt by any court, administrative agency, or regulatory body? Yes No
If yes, please explain in detail (attach extra sheet if necessary).

Has any professional liability claim or suit been made against you in the past twelve (12) months? Yes No
If yes, please explain in detail (attach extra sheet if necessary).

Do you have any knowledge or information of any occurrence or incident that may give rise to a professional liability claim? Yes No
If yes, please explain in detail (attach extra sheet if necessary).

PROFILE AND OTHER BACKGROUND INFORMATION

Have you ever been cited or arrested for, pled guilty to, or convicted of any criminal offense, other than minor traffic violations? Yes No
If yes, please explain fully on a separate sheet of paper and attach to this application.

Attach your resume with references and any other information you deem relevant to this application.



AFFIRMATION

- ∂ I will provide mediation services according to NCRC's rate structure and program guidelines, which include pro bono mediations.
- ∂ I will use my best efforts to discover and disclose to the parties any actual or potential conflict of interest that I may have.
- ∂ I will not provide any professional advice during the mediation or to the parties regarding the subject(s) of the mediation.
- ∂ I will participate in the training and mentoring of new mediators.
- ∂ I will attend at least one monthly NCRC Volunteer Mediator meeting per quarter.
- ∂ I will abide by Rule 31 Standards of Conduct and any other NCRC rules or standards.
- ∂ I understand that violation of the above policies may result in my removal from any NCRC mediator panels.
- ∂ I consent to periodic background checks and verification of any information provided in or with this application.

My signature below certifies that I have made full disclosure of all information requested in this form; have read, understand, and affirm the above statements; and consent to periodic background checks.

Signature _____

Printed Name _____ Date _____

SUBMISSION INSTRUCTIONS & CHECKLIST

You must return the following to our office for consideration. Incomplete application packets will not be considered:

- ∂ completed application,
- ∂ your resume,
- ∂ 3 references (professional/personal)
- ∂ any attachments, and
- ∂ the Mediator Classification Instrument (MCI) if you have had prior mediation training or experience.

Upon receipt of your completed application packet NCRC will contact you to discuss your application and/or schedule an interview.

Thank you for your interest in NCRC and alternative dispute resolution.