



UPSTATE
MEDIATION
CENTER

Community Mediation Volunteer Application

Name: _____ Date: _____

Address: _____

Evening Phone: _____ Cell Phone: _____ Day Phone: _____

I prefer to be contacted at: _____

Email: _____

How did you hear about UMC? _____

Do you speak any languages other than English (check): Yes ____ No ____

If yes, what languages do you speak fluently? _____

Availability (check all that apply): Morning ____ Afternoon ____ Evening ____ Weekend ____

Why do you want to become a volunteer mediator? _____

What skills do you have that would make you a good mediator? _____

What experience do you have with volunteering? _____



UPSTATE
MEDIATION
CENTER

Please describe the time you would be able to commit to the center: _____

Demographic Information (optional). We provide demographic information about our mediators to grant funders. Our goal is to have mediators that reflect the diversity of the community.

Sex ____ Age ____ Race _____ Highest Level of Education _____

Military Experience (check): None ____ Past ____ Current ____

Type of Employment: _____

Thank you for your interest in becoming a volunteer mediator. Feel free to contact the UMC for more information.