

**Columbia County Circuit Court
SMALL CLAIMS VOLUNTEER MEDIATOR
Application Form**

Qualifications for mediators are based upon the Oregon Judicial Department Court-Connected Mediator Qualifications Rules, issued as Chief Justice Order (CJO) No. 05-028, effective August 1, 2005, which are now codified in UTC Chapter 12.

Name:				
Business or Program (if applicable):				
Mailing Address:				
Phone(s) Daytime:		Cell:		
Email 1:		Email 2:		

If you need to add an extra sheet, be sure to identify the number and topic for each answer you provide.

1. Basic Mediation Trainings (Minimum 30 hours with verifying certificates or diplomas required)

Course Title	Instructor/Program	Instructor phone/ email	Training Date	# of Hours

Did your training(s) include supervised role plays with feedback? Yes No

2. Court System Training (Minimum 6 hours with verifying certificates or diplomas required)

Course Title	Instructor/Program	Instructor phone/ email	Training Date	# of Hours

3. Mediation Experience - Please describe your observations of 3 actual mediations and 3 additional observed or co-mediated cases.

Type of Case(s)	Approximate Number	Time Frame	Supervisor or contact person's phone/ email:

4. Employment and volunteer experience (or attach a current resume):

Employer / Volunteer Work	Dates	Position/Responsibilities

5. List any relevant professional organization(s) to which you belong.

6. As a mediator with this program, you would be expected to follow the Oregon Mediation Association 2005 Core Standards of Mediation Practice or another relevant code of mediator ethics of your choosing. If you are a practicing mediator, please name the ethical code(s) to which you subscribe. (e.g. OMA, OSB, ACR, AAA, etc.)

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7. Please provide any other information you would like us to consider in reviewing your application (e.g. working with culturally diverse groups, unique skills or qualities, special interests background).

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8. References:

Name	Relationship	Telephone Number	Email Address

Be sure to attach copies of the certificate of completions from your trainings with this application. A letter of confirmation from your trainer will suffice, if necessary.

I hereby certify that the above is true and accurate.

My signature below gives permission to the program to contact the mediation trainers, mediation programs and/or references listed in this application regarding my participation in their programs. I also understand that a criminal background check will be made and I will submit necessary information to complete that check as needed.

Signature

Date

Crystal Reeves
Columbia County Circuit Court
230 Strand Street
St. Helens, OR 97051