

MARION COUNTY CIRCUIT COURT

Mediator Application

(Attach additional sheets or resume if necessary)
(This completed form will be on file for public inspection)

1. Name: _____ Business Name: _____

2. Mailing/Office Address: _____

3. Phone: _____ Cell: _____ E-mail: _____

4. Application for: volunteer (small claims and/or FED) civil panel

5. Current Employer/ Occupation: _____

Description of job duties/specialty areas, etc.: _____

6. Work History (past 10 years): _____

7. Description of formal education (institutions, degrees, majors and dates):

8. Training (Please include training outline and certificate of completion):

Mediation Basic Training (32 Hours)

Date: _____ Hours: _____

Provider or Trainer's name: _____

Court System Training (6 Hours)

Date: _____ Hours: _____

Provider or Trainer's name: _____

9. Description of training and/or experience in the court system: _____

10. Mediation Experience:

Number of Cases: _____

Hours of Cases Mediated: _____

Types of Cases Mediated:

- | | |
|--|---|
| <input type="checkbox"/> Small Claims | <input type="checkbox"/> Domestic Relations |
| <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Neighbor Disputes | <input type="checkbox"/> Other _____ |

11. What days of the week and hours are you available to mediate?*

9 a.m. – 12:00 p.m.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

1:00 p.m. – 5:00 p.m.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

*Mediations take place during Court hours. There are no mediations during 12:00-1:00p.m.

12. Please list any professional memberships or affiliations, including mediation associations you belong to: _____

14. Description of other relevant experience: _____

15. Are you bilingual? Yes No
If yes, what languages do you speak? _____

16. Please describe which code of mediator ethics, standards, or principles you subscribe to: _____

17. Please provide any disciplinary rules you are subject to that relate to your relevant memberships, licenses or certifications: _____

17. I certify that I have read the OJD Court-Connected Mediator Qualifications Rules, that I will comply with them, including the Continuing Education Requirement in Section 2.1 and Mediator Ethics contained in Section 1.4 if I am selected to serve as mediator. _____ Initials

18. By submitting an application to be a court mediator with the Marion County Circuit Court, I hereby authorize the Court to review any professional associations and licensing authorities that I am associated with and particularly with regard to any complaints that have been filed with any such agencies or organizations I am licensed with. I am licensed with the following agencies:

- Oregon State Bar
- Board of Counselors and Therapists
- Board of Clinical Social Workers
- Board of Psychologists
- Other _____

Date

Signature

Return to:

**Mediation Coordinator
Marion County Circuit Court
P.O. Box 12869
Salem, OR 97309.**