

Winnebago Conflict Resolution Center, Inc.
Volunteer Mediator Training Application

Name _____

Address

Home: _____ Business: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: _____ Phone: _____

Date of Birth _____

Highest level of education achieved (please check one)

High School _____ Some College _____ Associate Degree _____
College Degree _____ Post Graduate _____

Please describe your present occupation (if retired, describe your most recent occupation): _____

Please describe any other experience (volunteer, etc.) which may be of value to you as a mediator: _____

Please discuss your reasons for applying for training as a mediator: _____

Please check days and times during the week that you would be available to work as a volunteer mediator. **Availability on Thursday is required as Thursday morning is our small claims session.

Monday:	morning _____	afternoon _____	evening _____
Tuesday:	morning _____	afternoon _____	evening _____
Wednesday:	morning _____	afternoon _____	evening _____
**Thursday:	morning _____	afternoon _____	evening _____
Friday:	morning _____	afternoon _____	evening _____

Please respond to the following questions:

When people come to me with a problem, I try to help by:

The best approach when dealing with angry, difficult people is:

What qualities do you possess that you feel would make you a good mediator?

Please list three personal references:

Name	Address	Phone	Relationship
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Please complete and return with registration fee payable by check to:

Winnebago Conflict Resolution Center
415 Jackson Street
Oshkosh, WI 54901

Online payments can be made on our website www.mediationwrcr.org by clicking on the "Payments" page.