

Advanced Resolution Services Internship Application Clackamas County Resolution Services

Name: _____
 First Middle Last

Today's Date: _____

CONTACT INFORMATION

Address: _____
 Street address City State Zip

Phone(s) _____
 Home Work Cell

Email: _____

Emergency contact information:

Name _____ Relationship to You: _____

Address: _____
 Street address City State Zip

Phone(s) _____
 Home Work Cell

EDUCATION

<i>Degree</i>	<i>Dates of Attendance</i>	<i>School</i>	<i>School Location</i>

MEDIATION TRAINING

<i>Dates of Training</i>	<i>Number of Hours</i>	<i>Training Type</i>	<i>Trainer</i>

MEDIATION EXPERIENCE

<i>Mediation Type</i>	<i>Number of Cases</i>	<i>Number of hours of role play participation</i>	<i>Number of hours of mediation or co-mediation</i>	<i>Total Hours</i>

DEMOGRAPHIC INFORMATION

Resolution Services seeks applicants who represent the diversity of the communities we serve. We serve all residents of Clackamas County inclusive of their race, religion, color, national origin, sex, gender identity, age, marital status, sexual orientation, disability, or political affiliation. All qualified persons are encouraged to apply for this internship, and full consideration will be given to each application based solely on factors related to the duties of the internship. The staff and interns are required to meet this standard of nondiscrimination in their relations with other employees and their dealings with the public.

Each applicant is invited, but not required, to provide a statement that identifies his or her cultural identities as they relate to his or her interest in this internship.

SHORT ANSWERS

1. How did you hear about Resolution Services?

2. Why are you seeking an internship with Resolution Services?

3. What other information would you like us to know in support of your application?

Applicant Signature

Date