

YOUTH AND FAMILY MEDIATION TRAINING APPLICATION

*Please return completed applications to the above address (or Fax) by **October 20, 2009.***

I am applying for the Youth and Family Mediation Training, to be held on October 30-31, 2009, 8:30am-5pm, and I have completed a basic and/or peer mediation training (describe below).

I am applying for training only, and am enclosing the \$150 training fee.

I am applying to be a volunteer (see Volunteer Description):

Adult Mediator

Youth Mediator (age 14-19), Grade/School: _____

CONTACT INFORMATION

Name: _____ Today's Date: _____
 First Middle Last

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

MEDIATION TRAINING (required)

| <i>Dates of Training</i> | <i>Number of Hours</i> | <i>Training Type</i> | <i>Trainer</i> |
|--------------------------|------------------------|----------------------|----------------|
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MEDIATION EXPERIENCE, if any (prior experience not required)

| <i>Mediation Type or Issues Mediated</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> |
|--|------------------------|---|---|--------------------|
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Clackamas County Family Court Services Youth and Family Mediation Program

2051 Kaen Rd. Room 210 ♦ Oregon City OR 97045 ♦ Phone (503) 655-8415 ♦ Fax (503) 650-5656

DEMOGRAPHIC INFORMATION

Family Court 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 training, and full consideration will be given to each application based solely on factors related to the responsibilities of this training. FCS staff, interns, and volunteers 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 program.

For Volunteer Applicants Only:

1. How did you hear about Family Court Services?

2. Why do you want to volunteer for Family Court Services?

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

4. Though we cannot guarantee how many mediation opportunities you will receive, volunteers are expected to be available at least twice per month for YFM activities. Please indicate below the times you are regularly available on each day.

| Mondays | Tuesdays | Wednesdays | Thursdays |
|--------------------|------------|------------|-----------|
| Example: 3:30-9 pm | not avail. | 3:30-8 pm | 5-9 pm |
| | | | |

5. Are you willing to submit to a criminal background check? Yes No

6. Please provide a reference (no relatives) we can contact regarding your ability and experience working with people.

7. Reference Name: _____ Phone Number: _____ Relationship: _____

I understand that this is a **2-day** training and agree to attend all hours of both days.

Applicant Signature

Date

Parent/Guardian Signature (for Applicants under 18)

Date