



Neighbor-to-Neighbor, Inc.
945 Columbia St. NE
Salem, OR 97301
503.585.0651
n2nmediation@gmail.com

APPLICATION FOR BASIC MEDIATION TRAINING

Name: _____

Address: _____ City/Zip _____

Phone: (Cell) _____ (Other) _____

Email: _____ DOB (Optional) _____

1. What is your interest in taking the basic mediation training?

2. Describe your background, education, experience, or training that you think will contribute to being an effective mediator.

3. Please identify bilingual or other special skills or talents you possess that would help N2N serve a diverse population.

4. Please describe your current employment, including at-home or self-employment.

5. Do you have a felony criminal conviction or other criminal record that might preclude your acceptance as a volunteer? (We will conduct a background check before assigning cases.) Please explain.

(Continued)

I am enclosing a check or money order for (choose one and make out to 'Neighbor-to-Neighbor'):

_____ **Full Registration (\$595):** Non-Volunteer

_____ **Volunteer Registration (\$295):** I commit to the Practicum which includes 2-4 Observations, 3-6 Co-Mediations, filling out Evaluation Forms, and attending at least 4 In-Services in the first year (offered free monthly 5:30 p.m. – 7:00 p.m.)

_____ **Reduced Fee Request (Hardship):** We would like to know what your special circumstances are, how much you are willing to pay, and if this is a Volunteer or Non-Volunteer category. You can use the space below to explain. These are available on a limited basis.

Signature: _____ Date: _____