



945 Columbia St. NE, Salem, Oregon 97301
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NEIGHBOR-TO-NEIGHBOR, INC.

Volunteer/Mediator Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers - Home: _____ Cell: _____ Work: _____

Email: _____

Age (optional): Under 21 _____ 21-30 _____ 31-45 _____ 46+ _____

Date of 32 Hour Basic Mediation Training and Trainer or Agency:

What training, background, and skills do you have that will help you to be an effective mediator? (Include relevant experience, training, and education – if you have taken mediation training, attach a copy of any training completion certificates, and attach a copy of your resume).

Why are you interested in becoming a volunteer mediator for Neighbor-to-Neighbor?

How much time could you commit to serving as a volunteer mediator for Neighbor-to-Neighbor?

_____ Hours per month for _____ months/years (Minimum required 2-4 hours per month/1yr).

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Would you be willing to volunteer time for activities other than mediation?

Yes _____

No _____

Not Sure _____

If so, what are your volunteer interests? (Please check all that apply.)

_____ Administrative Office Help

_____ Mediation

_____ Marketing/P.R.

_____ Grant Writing

_____ Public Speaking

_____ Board of Directors

_____ Fundraising

_____ Training

Please list any languages or cultural skills that would help Neighbor-to-Neighbor serve a diverse population:

Please list any felony criminal conviction or other criminal record that might preclude your acceptance as a volunteer: (*Neighbor-to-Neighbor will conduct a criminal background check before assigning cases.*)

My submission of this application is also a request for waiver of the requirement that the basic training be conducted by N2N trainers:

Date: _____ Signature: _____