



320 SE Fir Villa Rd. Dallas OR 97338
Mailing: PO Box 1194 Dallas OR 97338
Phone/Fax: 503 623-3111 Cell: 503 871-3766
Email: vorpcmsfms@gmail.com
Web: www.cmsmediate.org

VOLUNTEER APPLICATION

CMS offers opportunities for volunteers to learn mediation skills through the experience of being mediators, and through being mentored by experienced mediators in that process. Basic Mediation Training is the foundation for further training in specialized areas of mediation such as Family, Parent/Adolescent, Victim/Offender Workplace, etc.

1) Why are you interested in volunteering with Community Mediation Services?

3) What skills, expertise and/ or unique qualities will you bring to the organization?

4) Availability: when are you normally available to volunteer

8am–12pm weekdays 12pm–5pm weekdays 8am–12pm weekends
 12pm–5pm weekends 6-9pm evenings

5) Language Fluency: _____

REFERENCES

1) _____ Phone: _____

2) _____ Phone: _____



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AGREEMENT for Those Intending to Mediate Voluntarily for CMS

In choosing to pay the CMS Volunteer rate for Basic Mediation Training, I agree to be available for a minimum of four (4) hours each quarter for observing mediations, co-mediating cases and/or providing support for CMS various programs and projects as requested. If I do not fulfill my service commitment during the first year after completing my training, I agree to pay the additional \$200 difference between the volunteer and non-volunteer training rate.

Signing this agreement gives consent for a criminal background check, required for all CMS volunteer mediators.

SIGNATURE _____ DATE _____

\$50 Non-refundable Deposit Yes ___ No _____

Plus

\$275 Volunteer Rate due by first day of class



VOLUNTEER APPLICATION

Print Name _____
(First) (Last)

Address _____ City _____ Zip _____

Phone _____ Text OK? _____ Email: _____

Briefly explain your interest in becoming a volunteer for Neighbor to Neighbor

Briefly describe your employment background, including at-home or self-employment, and how it might contribute to being an effective mediator.

Briefly describe your education background, other trainings or life experience that may also contribute to being an effective mediator.

Please list bilingual or other specialized skills or talents you have that would help serve our diverse population.

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 prior to assigning cases.) Yes No If yes, briefly explain.

Availability.

Would you be available to volunteer time each month for one year? Yes No Not sure

Volunteer interests (check all that apply):

Administrative/office

Grant writing

Fundraising

Mediation

Marketing

Board of Directors

Best Times:

Weekdays 8am – 4pm

Weekday evenings

Weekends

Specific days/times:

Signature _____ Date _____



VOLUNTEER AGREEMENT

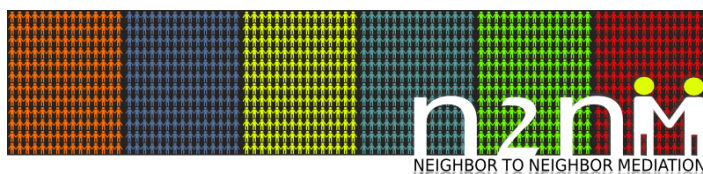
(For those who have completed an application and intend to take the discounted rate)

I have completed the volunteer application, paid my registration fee for the current BMT training, and intend to be available for at least one hour each month or an arrangement of hours equaling not less than 12 hours from the completion of this training.

I will give consent for a criminal background check, agree to work within assigned areas of responsibility without monetary compensation and will follow policies and procedures of Neighbor to Neighbor.

I understand that if I do not fulfill my service commitment, I may be asked to return the amount discounted from training (10% of training cost).

Signature _____ Date _____



ACTIVE VOLUNTEER INCENTIVE AGREEMENT

This is an agreement between Neighbor to Neighbor, Inc. and

_____ (trainee)

for refund of cost for Basic Mediation Training provided in October 2020.

The regular fee of \$625 for this training is being reduced by 10% because of the Trainee's willingness to participate as a volunteer for Neighbor to Neighbor in return for which, _____ (trainee) promises to complete the volunteer orientation and begin the apprenticeship at Neighbor to Neighbor.

Further, _____ (trainee) agrees to provide at least twenty (20) volunteer hours of mediation for Neighbor to Neighbor, Inc. by November 30, 2021. (One year from completion of BMT). Upon completion of 20 hours, trainee will receive a \$300 refund of training fee paid.

At least every three months, trainee will report hours worked and obtain confirmation from the Neighbor to Neighbor, Inc., Executive Director that those hours are approved.

If this commitment (twenty hours in one year) for volunteer service is not fulfilled, trainee will not receive any refund for training, regardless of the number of hours volunteered.

Trainee

Date

Executive Director, Neighbor to Neighbor, Inc.

Date