



945 Columbia St. NE, Salem, Oregon 97301
n2nmediation@gmail.com

Volunteer/Mediator Mediation Training Waiver Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail _____

Preferred method of contact: _____

Information regarding your previous Basic Mediation Training

Name of Trainer/Organization: _____

Number of BMT training hours: _____

Do you have a copy of BMT completion certificate? YES NO

Do you have a copy of BMT agenda/Table of Contents? YES NO

Please bring a copy or send a scanned copy of your BMT certificate and agenda or table of contents for N2N.

Your Background

What training, background and skills do you have that will help you to be an effective mediator?

Why are you interested in becoming a volunteer mediator for N2N?

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Please list any languages or cultural skills that would help you serve a diverse population as an N2N mediator:

How did you learn about N2N?

Your Volunteer Availability

When can you commit to serving as a volunteer mediator for N2N? _____

Days of the week and times:

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

Yes No Not Sure

Please note: N2N will conduct a criminal background check before assigning cases. If there is information related to your criminal background that you would like N2N to know about, please let us know by emailing n2nmediation@gmail.com or calling 503-585-0651.

Signature: _____ Date: _____