

ALTERNATIVE DISPUTE RESOLUTION PROGRAM



Colorado Federal Executive Board
PO Box 25567
Denver CO 80225
303 202 4588

MEDIATOR APPLICATION & AGREEMENT

NAME _____ TITLE _____

EMAIL _____ PHONE _____

AGENCY _____ ADDRESS _____ CITY / STATE / ZIP _____

SUPERVISOR _____ PHONE _____

EDUCATION High School College Bachelors Masters Doctorate
Major _____

WILLING TO TRAVEL? Yes No **Limitations or Special Requests?**

MEDIATION TRAINING

DATE _____ # OF DAYS/HOURS _____ COURSE TITLE _____ ORGANIZATION PROVIDING TRAINING _____

DATE _____ # OF DAYS/HOURS _____ COURSE TITLE _____ ORGANIZATION PROVIDING TRAINING _____

DATE _____ # OF DAYS/HOURS _____ COURSE TITLE _____ ORGANIZATION PROVIDING TRAINING _____

PROFESSIONAL AFFILIATIONS / MEMBERSHIPS

ORGANIZATION _____ ORGANIZATION _____

ORGANIZATION _____ ORGANIZATION _____

PROFESSIONAL CERTIFICATIONS / LICENSES

TITLE _____ ORGANIZATION _____ DATE ISSUED _____

TITLE _____ ORGANIZATION _____ DATE ISSUED _____

TITLE _____ ORGANIZATION _____ DATE ISSUED _____

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MEDIATION EXPERIENCE

_____ # OF CASES AS LEAD MEDIATOR

_____ # OF CASES AS CO-MEDIATOR

TYPES OF CASES (Check all that apply):

- | | | | |
|-------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Workplace | <input type="checkbox"/> Environmental | <input type="checkbox"/> Multi-party | <input type="checkbox"/> Cross cultural |
| <input type="checkbox"/> EEO | <input type="checkbox"/> PP/Land use | <input type="checkbox"/> Facilitation | <input type="checkbox"/> Community |
| <input type="checkbox"/> Grievance | <input type="checkbox"/> Commercial | <input type="checkbox"/> Trainer | <input type="checkbox"/> Family |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Consumer | <input type="checkbox"/> ADR Design | <input type="checkbox"/> Other: Explain |

ADDITIONAL SKILLS

Sign Language Fluent in Language(s): _____

Other:

REFERENCES (Please list three references with direct knowledge of your mediation experience (i.e., co-mediators, program manager, etc.)

_____ NAME	_____ RELATIONSHIP TO APPLICANT	_____ PHONE
_____ NAME	_____ RELATIONSHIP TO APPLICANT	_____ PHONE
_____ NAME	_____ RELATIONSHIP TO APPLICANT	_____ PHONE

ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOU

I certify that the information provided in this form and supporting documentation is true, accurately reflects my qualifications, and is subject to verification.

MEDIATOR SIGNATURE _____
DATE SUPERVISOR SIGNATURE _____
DATE

INSTRUCTIONS

1. Complete and digitally sign this fillable .pdf form on your computer
2. Read and digitally sign the Mediator Agreement on the next page

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MEDIATOR AGREEMENT

I agree to the following to serve as a volunteer Colorado Federal Executive Board (CFEB) ADR Program Mediator.

I have read, understand, and agree to comply with all policies and procedures required for ADR mediation sessions, as detailed in the latest edition of the CFEB ADR Manual.

I have read, understand, and agree to comply with the rules and standards in the 2006 "Guide for Federal Employee Mediators", a supplement to and annotation of the "Model Standards of Conduct for Mediators" issued by the American Arbitration Association, the American Bar Association, and the Association for Conflict Resolution.

I understand that all records and communications received by the CFEB ADR Program Manager or the mediator are strictly confidential (unless otherwise specified by law) and that such information, whether written or oral, may not be divulged at any time to any unauthorized person. I will not willingly testify, unless required by law, regarding any information, communications, records, the participants, or the mediation process. However, I agree to disclose the following information if received while serving as a CFEB ADR Program mediator:

- 1) Abuse against a dependent person;
- 2) Threats of future crimes; and
- 3) Information that the CFEB ADR Program mediator has agreed must be disclosed to the employer of the mediation clients in any specific case.

I agree to complete and submit all necessary documentation following each mediation session I participate in. Further, I agree to mediate a minimum of three (3) workplace disputes per year, two (2) of which must be for CFEB ADR Program, or alternatively, I will mediate a minimum of 12 hours in workplace disputes per year.

I agree to keep my supervisor apprised of my dispute resolution work and to ensure that it does not interfere with my daily work responsibilities.

I agree that if any problem arises related to my involvement as a neutral or any representations I have made related to this program, it shall be resolved by the CFEB ADR Program Manager whose determination shall be final on all matters.

APPLICANT SIGNATURE (Digital Signature Required)

DATE

INSTRUCTIONS

1. Complete and digitally sign the Mediator Application
2. Complete and digitally sign the Mediator Agreement
3. Save As YOUR NAME – MEDIATOR APP-AGREEMENT
4. Email to Gay Page | gpage@colorado.feb.gov