

Please read "[Becoming a Volunteer Mediator](#)" before applying.
It will help you decide if this is the right volunteer experience for you.



Citizens Mediation Service

Affordable. Neutral. Conflict Resolution.

Domestic Mediation Training Registration
November 1, 2, 8, 9, 15, & 16
8:30 a.m. to 5:30 p.m. daily
Kinexus, 499 W. Main St., Benton Harbor, MI

Date: _____ Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Cell Phone: _____ Email: _____

Birthdate (for background checking purposes): _____

Please check any of the following types of mediation training that you have already completed.

Domestic Mediation Special Education None
 Restorative Justice Adult Guardianship Other

If previous mediation training, what year was it? _____ What state: _____

Please briefly describe any mediating experience you have had in the past & why you would like to become a volunteer mediator.

Purpose for training: (Check only one.)

To volunteer for CMS for at least 12 mediations in the coming year.

I do not expect to volunteer for CMS but am taking this training for professional purposes.

(Turn over to complete.)

If expecting to volunteer, please check any of the following critical needs of CMS that you might be willing to do occasionally:

- Making presentations about CMS to area clubs and organizations using a prepared slide deck
- Assisting the Case Manager in conducting case intakes
- Planning fundraising events
- Assisting the Director with volunteer appreciation activities
- Organizing continuing education seminars for volunteers
- Staffing an information station at fairs & other public events
- Other: _____

Please place a checkmark in front of each statement below that you agree with. If you do not agree, do not check the statement.

- I can attend all 48 hours of mediation training.
- I give my consent for CMS to conduct a criminal background check on me before I can be added to the CMS volunteer roster. (Required by the state.)
- I understand the Executive Director may remove my name at her discretion from the CMS volunteer roster should my skills not meet reasonable standards of quality.
- I understand that I must take 8 hours of advanced training every 2 years to maintain my standing on the volunteer mediation roster. (Required by the state.)
- I give my consent for CMS to send its newsletter and/or other volunteer information to the email account listed on my volunteer application.

My signature below certifies that I am willing to mediate at least 12 domestic mediation cases for Citizens Mediation Service in 2019.

Signature: _____ Date: _____

The **St. Joseph/Benton Harbor Rotary Foundation** is generously covering the training fee for Berrien County residents. If you live outside the county, your fee is \$150. This training is limited to 20 participants. Berrien County residents have first priority. We do expect, however, to have a few seats available for others. Mail this completed registration form and your check made out to Citizens Mediation Service to: 811 Ship St., Suite 302, St. Joseph, MI 49085.

Questions? Call 269-982-7898 or email sarah@citizensmediation.org

Date Received: Check Amount Received: Date Receipt Sent: Notes:
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