

Mediator Application
McLennan County Dispute Resolution Center

Please provide an updated CV or resume in addition to the information requested below.

Applicant Information:

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone (_____) _____ Work Phone (_____) _____

Mediation Training:

Name of Training and Organization	Date of Training

Special Training or Personal Experience useful as a Mediator:

Mediation Experience:

Type of Mediation	Location or Panel	Approximate Number Completed

Please include copies of all mediation training certificates.

Please list all languages that you are comfortable mediating in:

References:

Please list three professional, non-relative references who are familiar with your performance as a mediator and your mediation experience:

Name	Affiliation (firm or organization) and Location (city)	Contact Information

Conviction Disclosure:

Have you ever been convicted of a crime other than a minor traffic offense? (Please check one)

() YES

() NO

If yes, please explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

Thank you for your interest in the Dispute Resolution Center of McLennan County.

The DRC of McLennan County offers equal opportunities to all volunteer applicants. It is committed to equal and fair selection procedures, without regard to race, color, religion, sex, national origin, or age. Your application will be given every consideration, but its completion does not imply you will be appointed by the DRC, as the screening process for volunteers is guided by the community needs of McLennan County.

By submitting this application, I assert that the facts set forth in it are true and complete to the best of my knowledge and understand that misleading or false information will constitute sufficient cause for the refusal of volunteer appointment or, if already appointed as a volunteer, termination of my volunteer assignment. I understand that neither the acceptance of this volunteer application nor the entry into any type of volunteer relationship with the DRC of McLennan County creates an actual or implied contract of a volunteer relationship. I understand that, if I accept a volunteer position with the DRC, it will be on an at-will basis. This means that either the DRC or I have the right to terminate the relationship at any time, for any reason, with or without advance notice. I authorize the DRC of McLennan County to investigate information concerning my education, employment, criminal history, and all other aspects of my background relevant to my volunteer application. I hereby release the DRC of McLennan County and its employees from all liability arising from such investigation. I understand that passing a background check is a condition of volunteer acceptance.

Applicant's Printed Name

____/____/____
Date

Applicant's Signature

Pledge of Confidentiality

I understand that as staff/intern/volunteer/contractor at the Dispute Resolution Center of McLennan County (DRC) I will be exposed to privileged information. I understand that I must maintain the privacy and confidentiality of any and all client, intern, volunteer, contractor, employee and agency information. I recognize the value and sensitivity of confidential information and agree to protect the anonymity of the aforementioned individuals in every way possible in order to preserve what is protected by law.

Client Confidentiality:

I agree not to divulge information about any client to anyone outside of the DRC. I will not acknowledge a client in public in such a way that publicizes his/her connection with the DRC. Additionally, if I should directly hear or overhear and/or suspect that someone is sharing client information in public, I will notify the Executive Director immediately for the situation to be rectified and for the DRC to preserve client confidentiality.

The DRC understands and agrees that by law, there is an obligation to disclose confidential information to the appropriate authorities in situations that involve child abuse, elder abuse, and threats of harm toward others. If this situation occurs during the course of my responsibilities as staff, intern, volunteer, or contractor, I will notify the Executive Director as soon as possible.

Team Confidentiality:

I understand how important it is not to disclose my own personal information or that of any other intern, volunteer, contractor, employee or any other person affiliated with the DRC. I pledge to hold all information (verbal, written, or computerized) in the strictest confidence with regards to anyone affiliated with the DRC and will not disclose any information to any third party.

I understand and agree to keep all client, intern, volunteer, contractor, employee and agency information confidential for an indefinite period, even after I am no longer with the DRC.

It has been explained to me how serious it is to violate this Pledge of Confidentiality and that I will be held accountable for any harm that results from any such indiscretion.

It is understood that my relationship with the DRC may be terminated, and further action could be taken by the Board of Directors if this occurs.

I have read the above Pledge of Confidentiality and affirm that I will abide by this agreement.

Applicant's Printed Name

_____/_____/_____
Date

Applicant's Signature