



VOLUNTEER MEDIATOR APPLICATION

Mountain View Mediation Program

Submit Completed Application by March 1, 2019 at 4:00pm

Please **E-mail** to mediate4mv@housing.org OR **US Mail** to MVMP c/o Project Sentinel, 1490 El Camino Real, Santa Clara, CA 95050

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ Birth Month/Day _____

E-Mail _____ Driver's License # _____

Indicate the highest grade of school you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 or More _____

High School Graduate? ___ Yes ___ No If No, Passed High School Equivalency Test: ___ Yes ___ No

Name and Location of College/University _____

Degree _____ If no degree, number of years attended _____

Special Training/Licenses, Professional Registration and Skills _____

WORK EXPERIENCE

Are you presently employed? (Mark "X" by all that apply.)

___ Employed Full-Time ___ Employed Part-Time ___ Temporarily Unemployed ___ Retired
___ Looking for Work ___ Full-Time Student ___ Part-Time Student ___ Homemaker

Current employer or school name _____ Job Title or School Year _____

Address _____ City _____ Zip _____

VOLUNTEER EXPERIENCE

Date (Present or Previous)	Organization	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

INTEREST IN MEDIATION PROGRAM

Please answer all the questions so that we may better understand your interest in serving as a **volunteer** mediator.

Resident of Mountain View? ___ Yes ___ No

How are you connected to the City of Mountain View? (Mark "X" by all that apply.)

Homeowner Renter Landlord of property in the City Employed in the City
 Business owner in the City Other _____

1. Why would you like to become a volunteer mediator for the City of Mountain View?

2. What does mediation mean to you?

3. Have you ever been involved in a mediation session as a participant or a mediator?

4. Which of your skills do you feel would be useful to you as a mediator? Why?

5. What skills do you want to develop or enhance through mediation training/practice?

6. How did you learn about the program? _____

7. Are you fluent in any languages other than English? If so, please list them. _____

If you wish, please include any additional comments or references on a separate sheet of paper.

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained within. I acknowledge that any false statements or misrepresentation on this application will be grounds for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that fingerprinting may be required before placement in some positions. I understand it is the policy of the City of Mountain View to preserve the right to equal opportunity for all persons, including those with physical, mental or sensory disabilities.

Signature of Applicant _____ Date _____

To learn more about Project Sentinel go to www.housing.org