



ANNE ARUNDEL
CONFLICT RESOLUTION CENTER

AACRC Volunteer Mediator Application

Note: All information provided will be kept confidential.

Contact Information

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Type: _____

Email: _____

Preferred contact method: _____

Demographic Information This information is required by our Grantors to show that our mediators reflect the diversity of the community.

Gender: _____ Race: _____ Birth Year: _____

Highest Level of Education: _____ Military Experience: _____

Occupation: _____

Annual Household Income: _____

Do you speak any language(s) other than English? _____ If yes, which language(s)? _____

Emergency Contact

Name _____ Phone: _____

Relationship: _____ Alt Phone: _____

Background Information

Why do you want to become a volunteer mediator?

What skills do you have that would make you a good mediator?



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Describe your ability to remain neutral in high conflict situations?

Are you willing to travel to other areas in Anne Arundel County, outside of Annapolis?

Do you have any previous experience with mediation/or group Facilitator?

Please describe your availability to the center?

Monday	_____	AM	___	___	PM
Tuesday	_____	AM	___	___	PM
Wednesday	_____	AM	___	___	PM
Thursday	_____	AM	___	___	PM
Friday	_____	AM	___	___	PM
Saturday	_____	AM	___	___	PM
Sunday	_____	AM	___	___	PM