

# SHARED NEUTRALS

An Alternative Dispute Resolution Exchange  
Sponsored by the Oregon Federal Executive Board

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## MEDIATOR APPLICATION

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Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

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Email \_\_\_\_\_

Willing to Travel? Any limitations? Special requests? \_\_\_\_\_

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Education

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Occupation

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Professional Affiliations/Memberships

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Professional Certifications/Licenses

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Mediation Training (date, sponsor, hours)

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Mediation Experience

*Please indicate experience with the following types of cases:*

Workplace  
EEO  
Grievance  
Harassment

Environmental  
PP/Land use  
Commercial  
Consumer

Multi party  
Facilitation  
Trainer  
OD/ADR Design

Cross cultural  
Community  
Family

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Anything else you would like us to know about you:

Please provide the names of three reference who have direct knowledge of your mediation skills  
(program director, people you have mediated with, etc.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Return Form to Kyle Huddleston, Shared Neutrals Program Coordinator  
3106 Pierce Parkway Suite D  
Springfield, OR 97477