

Ada County Volunteer Small Claims Mediator Application

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

E-Mail Address _____

Emergency Contact _____
Name Phone

Who referred you to this program? _____

Please attach your resume and provide specific details of any experience or training that you have had in mediation. Please also attach any relevant certificates.

Please list three references:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

This program will provide each volunteer with appropriate training and will provide all qualified volunteers with cases for small claims mediation. The training and field work experience provided by this program is of professional quality as approved by the Dispute Resolution Program of Boise State University and the Idaho Mediation Association. Therefore, we ask for a volunteer commitment of service in addition to your training. If you agree to this commitment, please indicate by signing below.

Applicant's Signature Date