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| Community Mediation Training & Volunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Home Phone |  |
| Mobile |  |
| E-Mail Address |  |

## Availability

### If possible, please give us an idea when you are free for mediations. We appreciate that availability can change

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Mon | Tues | Weds | Thurs | Fri | | AM |  |  |  |  |  | | PM |  |  |  |  |  | | EVE |  |  |  |  |  | |  |
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## Information

### Do you have a driving license? **YES/NO**

Do you have access to a car? **YES/NO**

Do you have a disability? **YES/NO**

If yes can you, please provide further information:

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All volunteers will be asked to complete a DBS, Disclosure and Barring Service, check before completing the training. If you have any questions regarding this or would like to discuss further, please contact us.

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| Training and VolunteeringPlease tell us why you would like to do the training and become a volunteer mediator  |  | | --- | |  | |
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| Skills or QualificationsSummarise skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports  |  | | --- | |  | |
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| Volunteer ExperienceSummarise your previous volunteer experience  |  | | --- | |  | |
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| Our 5-day Community Mediation Training is free for those who volunteer with us for at least 12 months following successful course completion. In this time, you will agree to complete a minimum of 10 cases. Are you willing to agree to this?  **YES/NO**  If no there will be a charge for attending our training.  When would you prefer to attend the training?  **1 week**, 5 full days □  **5 weeks**, 1 day per week □  **3 weeks**, 2 days for 2 weeks and then 1 day □ References For our volunteering roles, we take up two references. Please give the details of two people who we can contact   |  |  | | --- | --- | | Name |  | | How do you know this person? |  | | Address |  | | Phone |  | | Mobile |  | | E-Mail Address |  | |

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| --- | --- |
| Name |  |
| How do you know this person? |  |
| Address |  |
| Phone |  |
| Mobile |  |
| E-Mail Address |  |

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| --- | --- |
| Any additional informationPlease give us any other information, which may be relevant to your application, e.g. languages  |  | | --- | |  | |

## Agreement and Signature

### By submitting this application, I confirm that the facts are true and complete. I understand that if I am accepted for the training and as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

Please return completed forms to Kim Logan at [kim@adrmediation.org.uk](mailto:kim@adrmediation.org.uk). If you have any questions, please do not hesitate to contact us on 01772 643945 or 07738561952