



Virginia Department of
Employment Dispute Resolution

WORKPLACE MEDIATOR APPLICATION

Return Application To: Department of Employment Dispute Resolution, Attn: Mediation Staff
Main Street Centre, 600 East Main Street, Suite 301, Richmond, Virginia 23219

PERSONAL INFORMATION

Name: _____ Date of Application: _____

Job Title: _____ Employer: _____

Mailing Address: _____
Street City State Zip

Email Address: _____

Work Phone: _____ Fax: _____

Name of Supervisor: _____ Supervisor's Phone: _____

Supervisor's Job Title: _____

Are you the agency mediation coordinator? Yes No

MEDIATION CERTIFICATION

Are you a VA Supreme Court Certified Mediator? Yes No
Certification Number: _____ Expiration Date: _____

Do you have the Judicial Council of Virginia mentor status:
Date Requirements Met: _____ Yes No

Are you willing to serve as a mentor for EDR mediators? Yes No

Any specific conditions for servings as a mentor? _____

EMPLOYMENT-RELATED AND/OR ADVANCED MEDIATION TRAINING

COURSE	PROVIDER	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDIATION EXPERIENCE AND PREFERENCES

Please rate yourself in the following types of mediation categories: 1= Would like to learn; 2=No Experience; 3= Basic Skill Level; 4= Advanced Skill Level; 5= Could Teach Skills needed to work with these types of conflicts.

- | | | |
|-------------------------|--------------------------|----------------------|
| ___ Employee/employee | ___ High level officials | ___ Diversity issues |
| ___ Employee/supervisor | ___ Disability Issues | ___ EEO issues |
| ___ Work unit/Group | ___ Safety Issues | |

EDR uses a co-mediation model. When a co-mediator is not available, would you be willing to serve as a solo mediator? Yes No

Are you willing to serve as a group mediator? Yes No

Have you received group mediation training? Yes No

If yes, please describe your training and experience with group mediation: _____

Languages Other Than English (please list): _____

REFERENCES

List three persons not related to you who can judge your qualifications for this position. If you have previous experience as a workplace mediator, one reference should be from that organization.

Name	Relationship	Street, City, Zip (Please give complete address)	Telephone/Email
			()
			()
			()

I certify that all information provided on this application is true and complete. As an EDR Workplace Mediator, I will abide by EDR's Workplace Mediation Guidelines and Best Practices. I agree to notify EDR immediately regarding any changes to this application information.

Signature: _____ Date: _____

TO BE COMPLETED BY EDR

Application Received Date: _____ Entered Into Database _____

By _____

References Checked: 1) _____ 2) _____ 3) _____

By _____

Appointment Date: _____ Letter Sent to Supervisor at Agency Date: _____

EDR Refusal Based

On: _____

File Active: _____ File Inactive: _____ No Further Interest: _____

Mediator Application (rev. 04/12)