



# Virginia Department of Employment Dispute Resolution

## WORKPLACE MEDIATOR UPDATE

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Email or Mail To: Department of Employment Dispute Resolution, Attn: Mediation Staff  
Main Street Centre, 600 East Main Street, Suite 301, Richmond, Virginia 23219  
Email: [amanda.monaco@edr.virginia.gov](mailto:amanda.monaco@edr.virginia.gov)

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### PERSONAL INFORMATION

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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

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### MEDIATION CERTIFICATION

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Are you a VA Supreme Court Certified Mediator?  Yes  No

Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have the Judicial Council of Virginia mentor status:  Yes  No

Date Requirements Met: \_\_\_\_\_

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

Any specific conditions for serving as a mentor? \_\_\_\_\_

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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

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: \_\_\_\_\_