



Office of Equal Employment and Dispute Resolution

WORKPLACE MEDIATOR APPLICATION

Email or Mail To: DHRM's Office of Equal Employment and Dispute Resolution, Attn: Mediation Staff
101 North 14th Street, 12th Floor, Richmond, Virginia 23219
Email: EDR@dhrm.virginia.gov

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 EEDR 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.

- | | | |
|--|---|---|
| <input type="checkbox"/> Employee/employee | <input type="checkbox"/> High level officials | <input type="checkbox"/> Diversity issues |
| <input type="checkbox"/> Employee/supervisor | <input type="checkbox"/> Disability Issues | <input type="checkbox"/> EEO issues |
| <input type="checkbox"/> Work unit/Group | <input type="checkbox"/> Safety Issues | |

EEDR 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 EEDR Workplace Mediator, I will abide by EEDR's Workplace Mediation Guidelines and Best Practices. I agree to notify EEDR immediately regarding any changes to this application information.

Signature: _____

Date: _____

TO BE COMPLETED BY EEDR

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. 07/17)