

APPLICATIONS MUST BE POSTMARKED NO LATER THAN _____

WISCONSIN SPECIAL EDUCATION MEDIATION SYSTEM

MEDIATOR TRAINING INSTITUTE

_____, Wisconsin

APPLICATION

Name _____

Address _____

Telephone: Home _____ Work/Cell: _____

FAX: _____ Email: _____

I. EMPLOYMENT (must describe past 10 years of employment)

CURRENT: Employer _____

Address _____

Phone: _____

Dates: _____

PREVIOUS: Employer _____

#1

Address _____

Phone: _____

Dates: _____

PREVIOUS: Employer _____

#2

Address _____

Phone: _____

Dates: _____

PREVIOUS: Employer _____

#3

Address _____

Phone: _____

Dates: _____

(Attach additional sheets if necessary)

II. EDUCATION:

College or University

Dates Attended

Degree Awarded

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Languages spoken fluently (ex: Spanish, Sign Language, Hmong) _____

III. MEDIATION TRAINING AND EXPERIENCE:

A. Academic Course Work

College or University

Course or Program Name

Dates Attended

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Continuing or Professional Education:

Training Provider and Name of Instructor

Title of Program Dates Attended

_____	_____
_____	_____
_____	_____
_____	_____

C. How many cases have you mediated in the past year? _____ past 5 years? _____

Please check the type or subject matter of cases that you have mediated and **approximate** hours spent mediating those cases:

___ Family/Custody ___ Hours	___ Employment ___ Hours
___ Small Claims ___ Hours	___ Community ___ Hours
___ Environmental ___ Hours	___ Civil Cases (in litigation) ___ Hours
___ Landlord/Tenant ___ Hours	___ Workplace ___ Hours
___ Public Policy	___ Education ___ Hours -Explain: _____

Other: _____

D. Are you a member of any dispute resolution professional organization?

If yes, please check:

1. ___ Association for Conflict Resolution
_____ Membership Level
2. ___ Wisconsin Association of Mediators
Practitioner Status ___ Yes ___ No
3. ___ Wisconsin State Bar
ADR Section ___ Yes ___ No
4. ___ Milwaukee Bar Association
ADR Committee ___ Yes ___ No
5. ___ American Arbitration Association
6. ___ Other: _____

E. Are you listed as a mediator on any other rosters of neutrals? ___ Yes ___ No

If yes, please describe:

IV. SPECIAL EDUCATION TRAINING AND EXPERIENCE:

A. Academic Course Work:

College or University	Course or Program Name	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Continuing or Professional Education:

Training Provider and Name of Instructor

Title of Program and Dates Attended

_____	_____
_____	_____
_____	_____
_____	_____

C. Are you a member of any professional organization that focuses on special education? ___ Yes ___ No. If so, name of organization and purpose:

V. NEUTRALITY:

A. In the past five years, have you received any income (salary, fees, stipend, etc.) from a school district, school board, CESA, CDEB, DPI or other Wisconsin public education entity?

If yes, please explain: _____

B. Do you currently (or have you in the last five years) served as an officer, board member, advocate, or paid staff member for a parent/child, advocacy organization (QEC, DRW, WI FACETS, or any other parent/disability related organization)?

<u>Organization</u>	<u>Position</u>	<u>Dates</u>
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_____	_____	_____
_____	_____	_____

C. Do you currently (or have you in the last five years) served as an officer, board member, advocate or paid staff member of an education related organization (WAS, WASB, WCASS, etc.) or union (WEAC)?

<u>Organization</u>	<u>Position</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____

VI. AVAILABILITY:

A. If selected, I would be available to mediate cases (Please check):

- Statewide
 - Northwest region
 - Northeast region
 - Southwest region
 - Southeast region
 - Specific counties only: _____
- _____

B. If selected for the Institute, I am available to attend in _____ May 17-21, 2010:
 Yes No

VII. REFERENCES (professional, work-related preferred):

1. Name: _____

Address: _____

Phone: (_____) _____

Email: _____

2. Name: _____

Address: _____

Phone: (_____) _____

Email: _____

VIII. OTHER FACTORS:

Please describe any other factors that would assist the committee in evaluating your candidacy for mediation training:

Please submit a current copy of your resume with this application.

WSEMS reserves the right to postpone the 5-day training and does not guarantee participants in the training a place on the WSEMS roster. In order for our mediator roster to best reflect Wisconsin's many diverse populations and geographical regions, we are especially looking for bi-lingual mediators and mediators who live in areas in Northern Wisconsin.