

Office use only: \_\_\_\_\_ date received  
\_\_\_\_\_ response

ORANGE COUNTY  
**DISPUTE SETTLEMENT CENTER**

***Volunteer Application***

***Note to persons applying for Volunteer Mediator/Facilitator positions:***  
We adhere to the standards set by the Mediation Network of North Carolina which recommends that mediators have 20 hours of training. We require that facilitators have a 16-hour training. Divorce and Couples Mediators need 40 hours of training. In addition, we require a screening interview with staff.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w)

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Sex:         Female             Male

Race (optional): \_\_\_\_\_ Age (optional): \_\_\_\_\_

Occupation/Daytime Activities:

Employment: \_\_\_\_\_

Student: \_\_\_\_\_

Other: \_\_\_\_\_

Education:

High School \_\_\_\_\_

College: \_\_\_\_\_

Graduate Studies: \_\_\_\_\_

Community affiliations: \_\_\_\_\_

\_\_\_\_\_

Why would you like to be a volunteer with us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies, special talents or skills: \_\_\_\_\_

\_\_\_\_\_

Volunteer work objectives (check all that might apply):

- |  |  |
|--|--|
| <input type="checkbox"/> learn new skills    | <input type="checkbox"/> meet and work with people |
| <input type="checkbox"/> use existing skills | <input type="checkbox"/> help in the community     |
| <input type="checkbox"/> explore new careers | <input type="checkbox"/> other _____               |

Ways you would like to volunteer:

- |   |   |
|---|---|
| <input type="checkbox"/> office support/reception     | <input type="checkbox"/> Juvenile Victim Offender   |
| <input type="checkbox"/> mailings                     | Mediation   |
| <input type="checkbox"/> publicity projects           | <input type="checkbox"/> community/court mediation  |
| <input type="checkbox"/> training support             | <input type="checkbox"/> special events planning    |
| <input type="checkbox"/> group facilitation           | <input type="checkbox"/> Board of Directors         |
| <input type="checkbox"/> schools/youth volunteer work | <input type="checkbox"/> fundraising committee      |
| <input type="checkbox"/> separation/divorce mediation | <input type="checkbox"/> speaker's bureau           |
| <input type="checkbox"/> data entry, typing           | <input type="checkbox"/> work on audio-visual needs |
| <input type="checkbox"/> IT, website support, etc     |   |

What skills do you possess related to these volunteer interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What training or experiences do you have related to mediation and training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have not had appropriate training, would you be willing to devote at least 16-20 hours to become trained as a facilitator or mediator?

- Yes       No

Would you be available to volunteer for an 18 month period?

- Yes       No

If no, please explain: \_\_\_\_\_

Which hours are you available to volunteer your time?

- 8-5 only                       Monday-Friday                       Other: \_\_\_\_\_  
 after 5:30 only                       weekends only                      \_\_\_\_\_  
 any hours                       any days                      \_\_\_\_\_

For those who wish to mediate, which mediation site do you prefer?

- Carrboro                       Hillsborough                       Either

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

References

Kindly provide the names, addresses, and phone numbers for two references (please make at least one local).

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Due to the nature of our work, we may run background checks.

Permission granted:  Yes                       No

All volunteers are required to sign a confidentiality agreement. By signing below, you agree to keep confidential all information you learn about clients if you perform volunteer duties for DSC.

Signature \_\_\_\_\_ date \_\_\_\_\_

***Feel free to add a resume or any additional relevant information or comments on the back.***