

Attendance is limited so apply as soon as possible

WISCONSIN SPECIAL EDUCATION MEDIATION SYSTEM

MEDIATOR ROSTER CANDIDATE TRAINING

September 25-29, 2017, Milwaukee, Wisconsin

APPLICATION

Name _____

Address _____

Phone: Cell: _____ Other: _____

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: Please specify if Major/Degree is ADR related or if you have earned an Undergraduate or Master's Certificate in Dispute Resolution

College or University	Dates Attended	Degree Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 and Number of Hours of Program
_____	_____
_____	_____
_____	_____

C. How many cases have you mediated in the past year? _____ past 5 years? _____
What percentage were cases you were the solo mediator? _____
What percentage were cases that had more than 2 parties? _____

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

<input type="checkbox"/> Family/Custody	<input type="checkbox"/> Hours	<input type="checkbox"/> Employment	<input type="checkbox"/> Hours
<input type="checkbox"/> Small Claims	<input type="checkbox"/> Hours	<input type="checkbox"/> Community	<input type="checkbox"/> Hours
<input type="checkbox"/> Environmental	<input type="checkbox"/> Hours	<input type="checkbox"/> Civil Cases	<input type="checkbox"/> Hours
<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Hours	<input type="checkbox"/> Workplace	<input type="checkbox"/> Hours
<input type="checkbox"/> Public Policy		<input type="checkbox"/> Education	<input type="checkbox"/> Hours -Explain: _____

Other: _____

D. Are you a member of any dispute resolution professional organization? If yes, please check:

- Association for Conflict Resolution
_____ Membership Level
- Wisconsin Association of Mediators
Practitioner Status ___ Yes ___ No
- Wisconsin State Bar
ADR Section ___ Yes ___ No
- Milwaukee Bar Association
ADR Committee ___ Yes ___ No
- American Bar Association
Dispute Resolution Section ___ Yes ___ No
- Other: _____

E. Are you listed as a mediator on any other rosters of neutrals? ___ Yes ___ No
If yes, please list organization and/or agency and describe your role:

Please explain your perspective of the mediation process (attach a separate page, if needed):

IV. SPECIAL EDUCATION TRAINING AND EXPERIENCE:

A. Academic Course Work:

College or University	Course or Program Name # of Hours Course or Program	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Continuing or Professional Education:

Training Provider and Name of Instructor	Title of Program and Dates Attended Number of Hours of Program
_____	_____
_____	_____
_____	_____
_____	_____

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

V. CULTURE:

A. List languages spoken fluently other than English (ex: Spanish, Sign Language, Hmong):

B. Please describe any multi and/or cross-cultural experience you have serving as a neutral (facilitator, mediator, arbitrator, etc.): _____

VI. NEUTRALITY:

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

<u>Organization</u>	<u>Position</u>	<u>Dates</u>
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_____	_____	_____
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_____	_____	_____
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VII. 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 offered an open space, I am available to attend all 5 days of the WSEMS Mediator Roster Candidate Training _____ Yes _____ No

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

1. Name: _____

Address: _____

Phone: (_____) _____

Email: _____

2. Name: _____

Address: _____

Phone: (_____) _____

Email: _____

IX. OTHER FACTORS:

Please describe any other factors that would assist the committee in evaluating your candidacy for the WSEMS training including why you would like to join the roster of neutrals:

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

The WSEMS reserves the right to postpone the 5-day training and does not guarantee participants in the training a place on the WSEMS roster.