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Application to Become a Volunteer Mediator

Name: _____ Date: _____

Address: _____ Eve Phone: _____

City: _____ Zip: _____ Cell Phone: _____

I preferred to be contacted at: _____ Day Phone: _____

E-Mail: _____

Do you check regularly? _____ How did you hear about CMP? _____

Do you speak any languages other than English? YES / NO

If yes, what languages do you speak fluently? _____

Why do you want to become a mediator?

What skills do you have which you think would make you a good mediator?

CM is a community-based program. What experience do you have which demonstrates your commitment to community?

What other volunteering have you done? What was the time commitment to that work?

What food best represents conflict to you and why?

What times during the week are you available to mediate? (Please remember you need approx. 4 hours per session)

Please contact Anna Chalker with any questions.

achalker@communitymediation.org

410-467-9165 (TEL)

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