



Mediator Mentorship Program (MMP) 2021 Cycle Two Application

Personal Information

Name: _____
Address: _____

Cell #: _____ Work #: _____ Other#: _____
Email: _____
Employer: _____
Title: _____

Confirm Dates

Please check the boxes next to each set of dates to confirm your availability.

Information Session (optional)

- ☐ I have attended the MMP Information Session (7/7/2021 or 7/15/2021)

Date Attended: _____

Previous Training (check all that apply)

- ☐ I have participated in a 40-hour mediation skills training **within the last 24 months**.

Date(s) and Training Organization(s): _____

- ☐ I have participated in a 40-hour mediation skills training, **but longer than 24 months ago**.

Date(s) and Training Organization(s): _____

- ☐ I have participated in CCR's Essentials Training **within the last 24 months**.

Date: _____

MMP Training Availability

- ☐ I am available Wednesday afternoons between September and December for virtual class trainings.
☐ I am available weekly and with some flexibility between September and December to meet with my mentor.

- 4) *Briefly provide an example of a conflict you have faced either personally, or as an advisor to someone else. (For example: What approaches did you use? How did you determine what was important? How did you handle the emotions involved?)*
- 5) *Explain your availability to mediate. Describe your current schedule: school, employment, and other commitments. Explain what adjustments, if any, you would make in order to mediate cases.*
- 6) *If you are able to mediate in a language other than English, please describe proficiency, ability and experience using the other language(s).*

Fees

Fees for the MMP are due by September 8, 2021. For your convenience, you can also arrange to make installment payments by contacting Larissa Hachinski, Program Co- Coordinator. Please mail checks payable to Center for Conflict Resolution and mail to 11 E. Adams Street, Ste. 500, Chicago, IL 60603. Failure to make payment or arrangements for installment payments by this deadline might affect your ability to participate.

Scholarships

If you are interested in receiving partial or full scholarship for this training program, please answer the following questions. Please note, you may be asked to provide proof of income or financial status (i.e. W2 form, pay stub, or copy of previous year's tax return):

- 1) *Are you applying for a partial or a full scholarship? If partial, how much can you contribute toward the cost of the training?*

- 2) *Briefly describe your financial need.*

- 3) *If we are unable to provide you with a full scholarship, would you be interested in applying for a partial scholarship? If so, **how much can you contribute toward the cost of the program?***



CCR COMMITMENT CONTRACT

Thank you for your interest in the MMP at the Center for Conflict Resolution (CCR). We are known for having quality volunteer mediators and takes pride in offering high quality and consistent mediation services to our clients. In order to maintain our high level of service, we ask volunteers to commit to the following (*please read and initial the individual lines and sign at the bottom*):

_____ I agree that if certified to serve as a Volunteer Mediator with CCR at the end of the Mediator Mentorship Program, I will accept the position of Volunteer Mediator with CCR.

_____ I agree that if I am approved to serve as a Volunteer Mediator with CCR at the end of the Mediator Mentorship Program, I will schedule to mediate for CCR at least twice a month for a period of eighteen (18) months. I agree that if I do not meet this commitment and I was granted a scholarship for participation in either the 40-hour Mediation Skills Training or Mediator Mentorship Program, I will be required to compensate CCR for the difference between my fee for training and the total fee, including both the 40-hour skills training and mentorship fees.

_____ I agree that if approved to serve as a Volunteer Mediator with CCR at the end of the Mediator Mentorship Program, I will participate in CCR's Peer Review process within my first 12-month period of certification.

_____ I agree that if approved to serve as a Volunteer Mediator with CCR, I will attend two CCR Continuing Education Programs within my first 18-month period of certification.

Signature

(To sign the form, type your full name here.)

Date



MMP Application Checklist

- ☐ Provide contact information
- ☐ Review and confirm availability for all dates for the program
- ☐ Answer essay questions in approximately 150 words per question
- ☐ Answer questions related to Scholarship Application (if applicable)
- ☐ Sign CCR Commitment Contract
- ☐ Submit resume with application

Please submit this completed application, along with your **resume**, to:

mmp@ccrchicago.org