



Eighth Judicial Circuit of Florida

Alachua, Baker, Bradford, Gilchrist, Levy, Union Counties

Volunteer County Mediator Application

Name:		
Address:		Email Address:
Home Phone #:	Business Phone #:	Mobile Phone #:
Educational level completed: <input type="checkbox"/> High School <input type="checkbox"/> Some college or technical training <input type="checkbox"/> College <input type="checkbox"/> Advanced degree		
Currently: <input type="checkbox"/> Retired <input type="checkbox"/> Seeking Employment Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Primary Occupation/Profession:		
Number of Friday mornings per month willing to volunteer (applies to Gainesville only):		
Willing and able to make a two-year commitment to the program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency contact name and phone number:		
Willing to work in the following courts (check all that apply): <input type="checkbox"/> Alachua County (Gainesville) <input type="checkbox"/> Baker County (Macclenny) <input type="checkbox"/> Bradford County (Starke) <input type="checkbox"/> Gilchrist County (Trenton) <input type="checkbox"/> Levy County (Bronson) <input type="checkbox"/> Union County (Lake Butler) (once per month)		
Have you ever had any professional license subjected to any of the following actions by any state agency or public authority or any other regulatory authority in any jurisdiction: revocation, suspension, placed on probation, administrative fine or penalty levied, or a disciplinary action of any kind?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Have you ever been arrested, had adjudication of guilt withheld in a felony or misdemeanor case, and/or found guilty of any crime, misdemeanor or felony?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

VOLUNTEERING HISTORY

Organization:	Position:	Dates:
Organization:	Position:	Dates:
Organization:	Position:	Dates:

EMPLOYMENT HISTORY

Employer:	Position:	Dates:
Employer:	Position:	Dates:
Employer:	Position:	Dates:

REFERENCES

Please list non-relatives

Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

SKILLS AND QUALIFICATIONS

Please list any prior mediation experience, if any.

Please indicate what interests you about this volunteer position.

How do your life experiences relate to this volunteer position?

What qualities and/or skills do you possess that would help you as a mediator?

I am aware that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for consideration as a volunteer county mediator. I understand that any information submitted may be investigated as allowed by law. I consent to the release of information about my ability and fitness as a mediator by employers, schools, law enforcement agencies, and other individuals and organization investigators, personnel staff, and other authorized employees of Florida State government. I understand that applications submitted are public record. I certify that to the best of my knowledge and belief all the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I understand that selection to attend mediator training is contingent upon a successful criminal history record check.

Signature:	Date:
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(Please type name to sign electronically)