

Volunteer **Application for Mediation Training**

Name			
Address			
Phone (h)	(w)	(c)	
e-mail	Best way	to communicate with y	/ou?
I am interested in	becoming a volunteer.	Please complete the f	following:
I will attend a 1 hour many scheduled. Best days and Monday10; Tuesday10; Wednesday10; Thursday10; *CDRC will send call and I am available to media	times are: am noon3:00 am noon3:00 am noon3:00 am noon3:00 am noon3:00 and schedule an orientat	D pm D pm D pm D pm D pm Sion with you. * County Schuyle	
(check all that apply)	ate Mornings Evenings	Afternoons Weekends	vuostions (unloss voi
Please use the reverse already have an applic	ation on file with CDRC	-	juestions (uniess you

- Why are you interested in mediating for CDRC?
- What skills do you bring to this training?
- In what ways, if any, will you contribute to the diversity of CDRC's mediators?

MAIL THIS FORM, to CDRC; Center Ithaca, Box 111, 171 E. State/MLK Jr. St., Ithaca, NY 14850 or E-MAIL your responses to williams@cdrc.org.