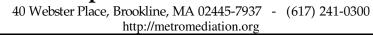
Metropolitan Mediation Services



Volunteer/Applicant:

M.M.S. has created the following forms to help you provide verification of your prior training and/or mentored practice. There are two forms. You may need to use either or both these forms.

The first of the following forms is for verifying your training.

The second is to verify your period of supervised/mentored practice.

For each form that you need to use, fill out the top section and ask that the lower section be completed by a representative of the training or mentoring program. Once the forms have been completed, please return them to Metropolitan Mediation Services.



Certification of <u>TRAINING</u> (not mentoring/supervsion)

SECTION A: TO BE COMPLETED BY APPLICANT

(applicant's name) is applying to participate in programs of Metropolitan Mediation Services (M.M.S.) In order to enable M.M.S. to assess this applicant's qualifications, he/she is requesting the following information from you.

Applicant, check one:

____ The applicant requests that you return this form to him/her.

____ The applicant requests that you send the completed form directly to Court Programs Director, Metropolitan Mediation Services, 40 Webster Place, Brookline, MA 02445-7937

SECTION B: TO BE COMPLETED BY TRAINING PROGRAM REPRESENTATIVE Certification of Training by Training Program Representative Please complete the following, in regard to the applicant's mediation training only (not mentoring):

Please indicate

- 1. Training Title _____
- 2. Dates of the training (month and year are acceptable)
- 3. Number of hours duration of the training _____
- 4. Training program or organization ______

Optional: If you are able, please comment on the trainee's strengths and weaknesses.

Optional: Other Comments

5. Certification

I am familiar with the SJC Uniform Rules on Dispute Resolution Rule 8 Qualification **training** requirements (Both Rule and associated Guidelines - available at: <u>http://metromediation.org/Rule8&Guidelines.pdf</u>) and, by signing this document, I certify that the above named applicant has received training that satisfies those requirements, as described above:

Training Program Representative Name (print)

Training Program Representative Title

(Check one) _I was... _I was not... one of the applicant's trainers in this program.

Training Program Representative Signature and Date _____

In case we need further information, please include training program representative contact information:

Phone: _____ Best times to call: _____

Certification of <u>SUPERVISION/MENTORING</u> (not training)

SECTION A: TO BE COMPLETED BY APPLICANT:

______ (applicant's name) is applying to participate in programs of Metropolitan Mediation Services (M.M.S.) In order to enable M.M.S. to assess this applicant's qualifications, he/she is requesting the following information from you.

Applicant, check one:

____ The applicant requests that you return this form to him/her.

____ The applicant requests that you send the completed form directly to Court Programs Director, Metropolitan Mediation Services, 40 Webster Place, Brookline, MA 02445-7937

SECTION B: TO BE COMPLETED BY MENTORING PROGRAM REPRESENTATIVE Certification of Mentoring by Mentoring Program Representative. Please complete the following, in regard to the applicant's mentoring only (not training):

1. Period of mentoring (months and years are acceptable) From (m/yr)_____ to (m/yr)_____

2. Number of hours of mentoring: _____ (check one: __exact or __ approximation?)

(These hours can include any or all of hours where applicant a) mediated under mentor observation; b) co-mediated with mentor; c) observed mediations as part of the mentoring program; or d) participated in debriefing sessions of cases mediated or observed by the applicant.)

3. Number of cases in which applicant was a mentored mediator: ____ (check one: __exact or __ approximation?)

4. Please describe case types in which the applicant was mentored (check all that apply):

Small Claims	Family (specify: CHINS, Divorce,	
Evictions	Other)
Regular Civil	Schools/Youth	
Minor Criminal	Other	
Non-court community		

5. At the end of the mentoring period, I considered this mediator to be competent to mediate...

5a. (Check all that apply) _____ independently ____as a co-mediator

... in matters of

5b. (Check one)___High conflict ___Medium conflict __Low conflict

5c. (Check one)___High complexity ___Medium complexity ___Low complexity

Optional: If you are able, please comment on the applicant's strengths and weaknesses.

Optional: Other Comments

6. Certification

I am familiar with the SJC Uniform Rules on Dispute Resolution Rule 8 Qualification **mentoring** requirements (Both Rule and associated Guidelines - available at: <u>http://metromediation.org/Rule8&Guidelines.pdf</u>) and, by signing this document, I certify that the above named applicant has received mentoring that satisfies those requirements, as described above:

 Mentoring Program ______

 Mentoring Program Representative Name (print) ______

 Mentoring Program Representative Title ______

 Mentoring Program Representative Title _______

 (Check one) __I was... __I was not... the applicant's mentor in this program.

 Mentoring program representative signature and date _________

 In case we need further information, please include mentoring program representative contact information

 Phone: _______
 Best times to call: _______