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 TRAINING (not mentoring/supervision)

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

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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: http://metromediation.org/Rule8&Guidelines.pdf ) 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: ___________________
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
   __Evictions
   __Regular Civil
   __Minor Criminal
   __Non-court community
   __Family (specify: CHINS, Divorce, Other__________________________)
   __Schools/Youth
   __Other ____________________________________

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: http://metromediation.org/Rule8&Guidelines.pdf ) 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 _____________________________________________

(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: ______________________