



## Metropolitan Mediation Services

40 Webster Place, Brookline, MA 02445-7937 - (617) 241-0300  
<http://metromediation.org>

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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: \_\_\_\_\_

**Certification of SUPERVISION/MENTORING (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

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**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):

- |  |   |
|--|---|
| <input type="checkbox"/> Small Claims        | <input type="checkbox"/> Family (specify: CHINS, Divorce, |
| <input type="checkbox"/> Evictions           | Other _____)  |
| <input type="checkbox"/> Regular Civil       | <input type="checkbox"/> Schools/Youth                    |
| <input type="checkbox"/> Minor Criminal      | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> 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: <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: \_\_\_\_\_