

VOLUNTEER MEDIATOR INTEREST FORM



**Citizens Police
Oversight Commission**
CITY OF PHILADELPHIA

Thank you for expressing an interest in volunteering to mediate complaints against police. Please complete the form below and return it to the Citizens Police Oversight Commission (CPOC). Once your completed form is received you will be contacted by the CPOC regarding the CPOC Mediation Process. Completed forms can be sent or emailed to:

Anastasia McCarthy, Mediation Program Manager
Citizens Police Oversight Commission
1515 Arch Street, 11th Floor
Philadelphia, PA 19102
Email: Mediation@Phila.gov
Phone: (215) 685 – 0891
Fax: (215) 685 – 0895

CONTACT INFORMATION

Name: _____

Street Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Email: _____

Are you currently a licensed PA attorney? _____

Have you received Mediation training? _____

If so, where? _____

How did you hear about the opportunity to mediate for CPOC? _____

What interests you most about mediating for CPOC? _____

MEDIATION TRAINING AND EXPERIENCE

Please provide some information on any mediation training, skills, or experience you possess.

Please list the mediation trainings you have received and from which providers.

Approximately how many hours of mediation training have you received?

Approximately how many cases have you mediated?

What types of cases do you have experience mediating?

Do you currently provide mediation services for any courts, community-based programs, bar associations, or non-profits?

AVAILABILITY

Please indicate your availability, including the best days and times. Also include your mediation style and preferences, for example: virtual only, prefer a co-mediator, etc.

Days: _____

Times: _____

Preference: _____

LANGUAGE AND SKILLS

Languages Spoken:

Indicate your ability to read and write the languages listed above:

If you wish to provide any other information not covered in the form, use the space below:
