

# VOLUNTEER MEDIATOR INTEREST FORM

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

Anastasia McCarthy, Mediation Program Manager  
Police Advisory Commission  
1515 Arch Street, 11<sup>th</sup> Floor  
Philadelphia, PA 19102  
Email: [Mediation@Phila.gov](mailto:Mediation@Phila.gov)  
Phone: (215) 685 – 0891  
Fax: (215) 685 – 0895

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## 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 PAC? \_\_\_\_\_

What interests you most about mediating for PAC? \_\_\_\_\_

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## MEDIATION TRAINING AND EXPERIENCE

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

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

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Approximately how many hours of mediation training have you received?

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Approximately how many cases have you mediated?

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What types of cases do you have experience mediating?

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

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## 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: \_\_\_\_\_

\_\_\_\_\_

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## LANGUAGE AND SKILLS

Languages Spoken:

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

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\_\_\_\_\_

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

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