

*Sharing Neutrals: A Federal Interagency Collaborative Effort in Support of ADR*

**CO-MEDIATOR PROFILE**

*This form is designed for use by individuals who have completed an initial dispute resolution course and have limited mediation experience.*

Name: \_\_\_\_\_ Position \_\_\_\_\_

Federal Agency, Component: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Supervisor's Name and Phone Number: \_\_\_\_\_

**Dispute Resolution Training and Experience:** documentation required (see p. 2)

Types of courses completed, trainer/organization, length of class (days/hours):

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Number of mediating/co-mediating conducted; experience with other ADR processes (e.g., early neutral evaluation, interest-based negotiation):

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**Related Experience and Skills:**

Other relevant experience (e.g., education, work or job related, volunteer):

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**CO- MEDIATOR PROFILE**

Other skills that could aid you in a mediated/facilitated process (e.g., foreign language, sign language):

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**Documentation** (required for registration)

1. Attach evidence of ADR training, including a minimum of 20 hours in basic mediation skills.
2. Attach two letters of recommendation. Letters should address communication skills and ability to work with others. The writer's contact information should also be included.
3. Fax all application documents to 202-565-0223:  
Neil Kaufman, Chief, ADR Division, HHS, Departmental Appeals Board

**Certification**

**I hereby certify that the information provided in this form or annexed hereto is true to the best of my knowledge and accurately reflects my qualifications to serve as a mediator for Sharing Neutrals.**

**I agree that acceptance of assignments through Sharing Neutrals will not interfere with my regular job responsibilities and that I will keep my supervisor informed of my dispute resolution work.**

**I agree to follow Sharing Neutrals Procedure, including notifying Sharing Neutrals when I am selected for a case, keeping Sharing Neutrals advised of the status of the case, and assuring that evaluation forms and case closing forms are referred to Sharing Neutrals.**

**I agree to keep my conflict resolution skills updated.**

**CO- MEDIATOR PROFILE**

**Furthermore, I hereby agree that if any problem arises related to my involvement as a neutral or any representations I have made related to this program, it shall be resolved by the Sharing Neutrals Program administrators, whose determination shall be final on all matters.**

**I have read the Sharing Neutrals Standards of Practice and agree to abide by all such Rules when I am asked to act impartially.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

***The information provided herein will be used only for program administration purposes by Sharing Neutrals.***