

SHARED NEUTRALS
An Alternative Dispute Resolution Exchange

NEUTRAL PROFILE

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Name _____ Date _____

Agency _____

Phone _____ Fax _____

Address _____

Email/other _____

Willing to travel? Any limitations? Special requests?

Education:

Occupation:

Professional Affiliations/Memberships:

Professional Certifications/Licenses:

Mediation training: (date, sponsor, hours)

Mediation Experience:

Please indicate experience with the following types of cases:

- | | | | |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> workplace | <input type="checkbox"/> environmental | <input type="checkbox"/> multi party | <input type="checkbox"/> cross cultural |
| <input type="checkbox"/> EEO | <input type="checkbox"/> PP/land use | <input type="checkbox"/> facilitation | <input type="checkbox"/> community |
| <input type="checkbox"/> grievance | <input type="checkbox"/> commercial | <input type="checkbox"/> trainer | <input type="checkbox"/> family |
| <input type="checkbox"/> harassment | <input type="checkbox"/> consumer | <input type="checkbox"/> OD/ADR design | |

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Special interests related to the subcommittee or mediation:

Anything else you would like us to know about you:

Please provide the names of three references who have direct knowledge of your mediation skills (program director, people you have mediated with, etc.)

Name: _____

Address: _____

Relationship to applicant: _____

Phone: _____

e-mail: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

e-mail: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

e-mail: _____

To apply to the Shared Neutrals mediator roster, please return this completed form to Attn.: Tamara Moland, Shared Neutrals Program Coordinator, BLM (OR-913), 333 SW 1st Ave., Portland OR 97204.

Thank you for your interest in Shared Neutrals.