Intermunicipal Dispute Resolution Initiative

Request for Inclusion on the Mediation Roster

Applicant Information

Name

Address

Phone Email

Multi-Party Experience

Please attach a brief description of your experience with mediating multi-party disputes, if any.

Co-Mediating Experience

Please attach a brief description of your experience with co-mediating, if any.

Aboriginal Experience

Please attach brief description of your experience with aboriginal communities and issues, if any.

Documented Ability

Please attach a brief description of one relevant case, including protocols or ground rules.

Experience in Mediation

How many of the mediations (above) were conducted:

For a fee?	For an honorarium?	On a voluntary basis?

Mediation Style

Briefly describe your mediation style (e.g. Interest-based, transformative, labour, etc.)

Coaching and Mentoring Experience

Briefly describe your experience in coaching and mentoring other mediators

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Municipal Government Act

Briefly describe your experience working with municipalities and the Municipal Government Act

Dispute Resolution Training

Please provide particulars regarding the training that you have undertaken with regard to mediation. Training includes courses (taken, taught or coached) from or with a recognized institution.

Name of Course	Date Taken	Course Hours	Organization and/or Name of Instructor	Model of Mediation Taught

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Code of Ethics and Conduct

Please provide a copy of the code of ethics and conduct to which you subscribe.

Liability Insurance

Successful applications will be asked to provide a copy of liability insurance. The government of Alberta requires $2,000,000 general liability insurance and $1,000,000 auto liability insurance.

References

Provide names, addresses and contact information of three references (letters preferred):

1. Name, Title, Organization _____

   Relationship to Applicant _____

   Phone _____ Email _____

2. Name, Title, Organization _____

   Relationship to Applicant _____

   Phone _____ Email _____

3. Name, Title, Organization _____

   Relationship to Applicant _____

   Phone _____ Email _____

Resume and Fee Schedule

Please attach a copy of your resume and fee schedule.

Authorization

I, _____, hereby authorize Alberta Municipal Affairs to release the above information, my resume, and my fee schedule to any municipality requesting the services of a mediator.

X _____

Signature

_____

Date