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| Applicant Information |
| Name |
| Address |
| Phone Email |

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| Mediation Experience |
| Please attach a brief description of your experience with mediating multi-party disputes, including protocols or ground rules. |

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| Co-Mediating Experience |
| Please attach a brief description of your experience with co-mediating. |

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| Experience in Mediation | | |
| How many of the mediations (above) were conducted: | | |
| For a fee? | For an honorarium? | On a voluntary basis? |
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| Mediation Style |
| Briefly describe your mediation style (e.g. Interest-based, transformative, labour, etc.) |
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| 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 (if any). |
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| Dispute Resolution Training | | | | | |
| Please outline the 100 hours of training that you have undertaken (including advanced training). Training includes courses (taken, taught or coached) from or with a recognized institution.  For certificate programs or designations, the applicant may indicate hours and not list individual courses. Applicants may want to highlight individual courses they feel are relevant to this roster. | | | | | |
| 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. | | | | |

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| 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. |

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| References |
| **Provide names, addresses and contact information of three references (letters preferred):** |
| 1. Name, Title, Organization |
| Relationship to Applicant |
| Phone Email |
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| 2. Name, Title, Organization |
| Relationship to Applicant |
| Phone Email |
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| 3. Name, Title, Organization |
| Relationship to Applicant |
| Phone Email |

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| Resume and Fee Schedule |
| Please attach a copy of your resume and fee schedule. |

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| 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 |
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| Date |  |