

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 Shared Neutrals Program Coordinator, Oregon Federal Executive Board, 1220 SW 3rd Ave., room 1776, Portland OR 97204-2823. Thank you for your interest in Shared Neutrals.