

# Shared Neutrals ADR Program (SNAP)

## *MEDIATOR APPLICATION Form J*

This form is to be completed by all prospective Mediators and returned to the Shared Neutrals ADR Program Coordinator.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Grade: \_\_\_\_\_ Years of Federal service: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Race/Ethnicity (optional): \_\_\_\_\_

Federal Agency: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

How did you hear of the FEB Shared Neutrals ADR Program?

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Reasons for wanting to become a Mediator:

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List any prior experience with Alternative Dispute Resolution (ADR) Programs:

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## FIRST ENDORSEMENT

*(To be completed & signed by immediate supervisor)*

1. Nominee is (circle one) recommended / not recommended.
2. Nominee (circle one) is / is not federally employed in the south Florida area. The south Florida area is defined as Palm Beach, Broward, Miami-Dade, and Monroe counties.
3. Nominee (circle one) is / is not currently serving as an EEO Counselor.
4. I understand there is a twelve-month commitment period, which starts after training is completed, wherein the applicant is expected to participate in up to five mediations per year. I commit to the nominee's participation in mediations during the commitment period.

\_\_\_\_\_  
Immediate Supervisor Print Name

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Date

## SECOND ENDORSEMENT

*(To be signed by local Agency Head or delegated local Agency Head authority)*

1. On behalf of [agency]\_\_\_\_\_, I commit to reimburse the South Florida Federal Executive Board (FEB) the cost of basic mediation training for this nominee (expected to be approximately \$250) if he/she is transferred out of the south Florida area (defined above) or becomes otherwise unavailable during the twelve-month commitment period. I understand the FEB will waive this requirement if a transfer or unavailability is unforeseen or prohibited by legal authority.

\_\_\_\_\_  
Local (or Delegated) Agency Head Printed Name

\_\_\_\_\_  
Local (or Delegated) Agency Head Signature

\_\_\_\_\_  
Date

**Note:** Please fax Mediator Application (form J) to the Attention of SNAP Program Coordinator, South Florida Federal Executive Board, Fax No. (954) 846-9260.