



Dayton Mediation Center
VOLUNTEER APPLICATION

Name: _____

Home Address: _____
Street City Zip Code

Work/cell Phone: _____ Home Phone: _____

Email: _____

The Priority Board Area where you live:

Downtown _____ FROC __ Innerwest _____ Northeast _____
Northwest _____ Southeast _____ Southwest _____ Out of City _____

How did you hear about the Dayton Mediation Center? _____

Work and volunteer experience: _____

Special skills, second languages and special training: _____

I am interested in mediation because: _____

Highest academic grade level achieved: _____

Physical limitations and special needs: _____

In case of emergency notify: _____

Address: _____

Phone #: _____

Other useful information: _____

We request that you mediate or assist at least once per month. Please indicate your first, second, and third choices.

Sessions run from 8:30 a.m. to about 12:00 noon

First Saturday of the month: _____

Second Saturday of the month: _____

Third Saturday of the month: _____

Fourth Saturday of the month: _____

In exchange for mediation training, I will volunteer three hours per month for two years.

Signature

Date

Please return to:

Dayton Mediation Center
371 West Second Street
Dayton, OH 45402
937-333-2345
email: DaytonMediationCenter@cityofdayton.org