



# Family Mediation Practicum Project Mentor Application

1. NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. WORK TEL: \_\_\_\_\_ HOME TEL: \_\_\_\_\_
- CELL: \_\_\_\_\_ FAX: \_\_\_\_\_
- E-MAIL: \_\_\_\_\_

4. **Requirement:** *Family Mediation Canada Certification and/or Membership in the BC Mediator Roster (Family) Society.*

FMC Certification:  No  Yes

Type of Certification \_\_\_\_\_  
Date received \_\_\_\_\_

Family Roster Member  No  Yes; Date of membership \_\_\_\_\_

List any additional courses in coaching and training in mediation (*Use a separate page if necessary*).

COURSES	HOURS	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Requirement:** *Evidence of Liability Insurance or insurability. If you have liability insurance, you should attach a copy of your most recent policy. If you are a member of the Law Society of British Columbia, you should provide a copy of your most recent Certificate of Professional Liability Insurance.*

.. Insurance attached (copy)

6. **Requirement:** *must have undertaken at minimum of 40 family mediations, including 30 hours of family mediation per year averaged over each of the last five years.*

How much private fee-for-service family mediations have you completed in the last 5 years?  
\_\_\_\_\_

OR

How many family mediations with an approved mediation organization or agency, providing training or mentorship, or both, have you completed in the last 3 years? \_\_\_\_\_

7. Describe your work experience in terms of its relevance to the practice of family mediation.

---

---

---

8. The Project seeks to reflect, in its selection of Mentors, the diversity in the community at large. Provide information about your training, experience or involvement with diverse populations.

---

---

---

9. Name any professional or mediation organization(s) to which you belong, and advise whether that organization has a Code of Ethics to which you subscribe.

---

---

10. Comment on the attributes you possess which you believe would make you a good Mentor in the Family Mediation Practicum Project.

---

---

---

---

---

---

11. Describe the style of mediation you use in your practice.

---

---

---

---

12. Describe your views and commitment to working with families, in multiple sessions, to achieve an interest-based agreement. Use a separate piece of paper if necessary.

---

---

---

13. **Requirement:** List the names and contact information for two people who could serve as your references for the position of Mentor with the Family Mediation Practicum Project:

Reference #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference #2: \_\_\_\_\_ Phone: \_\_\_\_\_

14. **If you are accepted as a Mentor for the Family Mediation Practicum Project, you will be required to enter into a Mentor Agreement.**

*Please attach your Resume to this Application.*

**Application deadline: Monday, March 19<sup>th</sup>, 2007 at 6pm**

**Submit Applications by Mail, Fax or E-mail to:**

LINDA BONNELL, PROJECT DIRECTOR  
FAMILY MEDIATION PRACTICUM PROJECT  
2<sup>nd</sup> Floor, 519 Seventh Street, New Westminster, BC V3M 6A7  
Fax: (604) 904-8425  
Email: [lindabonnell@shaw.ca](mailto:lindabonnell@shaw.ca)

For more information phone: (604) 318-5312

<p><i>Office Use Only</i></p> <p><i>Date application received:</i> _____</p>
--