

**Dallas/Fort Worth Federal Executive Board  
Interagency Alternative Dispute Resolution Program  
MEDIATOR APPLICATION**

**Applicant Name:** \_\_\_\_\_

**Employing Office:** \_\_\_\_\_

**Office address:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

**Office Telephone:** \_\_\_\_\_

**Office Fax:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Supervisor's Phone:** \_\_\_\_\_

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**Dispute Resolution Education/Training** Attach copy of course certification.

*[Dates, Number of Hours, Class Name, City/State]*

**Mediation Experience**

*[Month/Year, Subject Matter, Co-mediations or Individual Sessions, Agency].*

**Substantive Experience**

*[work experience as an attorney, labor relations, EEO counselor/investigator/specialist, personnel matters, etc.]*

**Elaborate on your experience and in what role you obtained it.**

**Identify Any Additional Skills That Would Be Helpful In Mediations**

*[conversational ability in a foreign language, sign language, etc.]*

**Professional Affiliations**

*[relevant to your activity as a third-party Neutral]*

**AGENCY APPROVAL FOR APPLICANT (NEUTRAL) TO PARTICIPATE  
In the  
Dallas/Fort Worth Federal Executive Board's  
INTERAGENCY ADR PROGRAM**

On behalf of *(Agency)* \_\_\_\_\_

The undersigned agrees to allow \_\_\_\_\_  
*(Mediator Applicant)*

to participate in the Dallas-Fort Worth FEB's Interagency Mediation Program. (Shared-Neutrals Program) I understand \_\_\_\_\_  
*(Mediator Applicant)* must request my permission prior to Volunteering for any mediation.

I verify that, to the best of my knowledge, \_\_\_\_\_  
*(Mediator Applicant)* Received at least a rating of three (3) or successful on his/her last annual performance appraisal; has received no disciplinary actions for a period of three (3) years; and has not been under leave restriction for a period of three (3) years.

I further understand this agreement in no way limits my ability to assign, direct, or schedule his/her work. I further understand that no compensation other than the employee's regular salary, will be given for participation in the program. I understand that no travel or transportation expenses will be paid to the participant for mediation-related activities under normal circumstances.

Supervisor's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_