



CONFLICT INTERVENTION SERVICE MEDIATOR APPLICATION

Name: _____

License, type, state, number: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Website: _____

E-mail: _____

EXPERIENCE AND TRAINING

1) MEDIATION EXPERIENCE SUMMARY: (Briefly describe your experience in the last five years)

2) MEDIATION TRAINING SUMMARY:

A.) Provider: _____

Length of training: _____ Dates: _____

B) Provider: _____

Length of training: _____ Dates: _____

C) Mediation Certificate: ____ Yes

3) OTHER RELEVANT EXPERIENCE: (Briefly tell us about yourself)

4) LANGUAGES SPOKEN:



3) I AGREE TO AND CERTIFY THE FOLLOWING:

- A) As a member of the BASF Conflict Intervention Service (CIS), I agree to provide three-hour mediations, plus preparation time, on an as needed basis, to mediate disputes between housing providers and tenants in San Francisco.
- B) I understand that for each three-hour conference (including preparation) I will be compensated \$850.00.
- C) If I am contacted directly by a party who located me on the BASF website or otherwise regarding mediation for supportive housing matters, I will refer the party to the CIS Program Administrator for information about their participation in the process.
- D) I certify that I am not currently the subject of any State Bar, or like organization, disciplinary proceedings, have no criminal charges pending anywhere, have not been convicted of a criminal offense and have had no State Bar or like organization disciplinary proceedings adversely resolved against me.
- E) I agree to indemnify and hold harmless BASF, the Court, its directors, officers, members and employees from any claim, demand, action, liability, expense or loss resulting in whole or in part from my handling of any mediation matter referred to me by BASF or by my failure to comply with any of the provisions in this application.
- F) **Choose one:**
- 1. I carry Errors and Omissions Insurance for Mediators.
 - 2. I have verified with my legal malpractice carrier that my policy covers mediation.
 - 3. I self-insure.

4) Your signature here indicates that you agree to the entire contents of this agreement, and that the above information provided by you is true and correct.

Date: _____ **Signature:** _____