

## Community Mediation Program for Police Complaints: Mediator Application

### Personal Information

1. Name:

2. Address:

3. City of Residence:

4. Email:

5. Phone:

6. Highest level of education completed:

-Can you read and write in English?    YES                    NO

7. Occupation:

8. Experience in Alternative Dispute Resolution:

- Briefly describe any relevant experience in alternative dispute resolution, mediation, or related fields.

9. Why are you interested in serving as a community mediator for the Providence External Review Authority?

10. What motivated you to apply for this program?

Commitment and Availability:

11. Are you willing to commit to attending a 40-hour mediation program?

YES NO

12. Can you commit to serving as a mediator for PERA following the completion of the training program for a minimum period of 1 year?

YES NO

13. Do you have any scheduling conflicts that may affect your availability for mediation sessions? If yes, please explain. YES NO

Skills and Qualities:

14. What skills or qualities do you possess that you believe make you well-suited to be a community mediator?

15. How do you approach conflicts or disputes, and what strategies do you employ to facilitate resolution?

Understanding of Program Objectives:

16. How do you perceive the role of community mediation in improving relations between the police and the community?

17. What role do you believe mediation can play in fostering positive change within the community?

Volunteer Agreement:

I, \_\_\_\_\_, understand and agree to the following:

- I am a resident of the city of Providence.
- I am committed to attending and completing the 40-hour mediation program.
- I am willing to serve as a community mediator for PERA for period of 1 year.
- I understand that participation in the program is voluntary and may be terminated by either party if dissatisfied with the outcome.
- I am dedicated to promoting positive change in community and police relations.
- I understand that I will have to prepare a summary report detailing the outcome of any mediation I participate in and turn that report over to the Executive Director of PERA within 10 days of the completed mediation.

Signature:

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Date:

Please submit your completed application to [pera@providenceri.gov](mailto:pera@providenceri.gov) . We appreciate your interest in becoming a community mediator and contributing to the improvement of police-community relations in Providence. Thank you!