

APPLICATION FOR INTERNSHIP



Family Mediation Inc

Date: _____

A. Personal Information

Name: _____
First Name Middle Initial Surname

Date of Birth: _____ Sex: Male Female
Day Month Year

Home Address: _____
Number, Street, Apartment, Rural Route, P.O. Box

City Province Postal Code

Home Telephone: _____ Cell Number: _____

Email address: _____

Mailing Address: _____
(If different than above) Number, Street, Apartment, Rural Route, P.O. Box

City Province Postal Code

B. Education

Institution	Degree	Date

C. Mediation Training

Trainer	Telephone	Date

D. Mediation Experience

Types of Mediation	Number of Cases

E. Special Interest/Expertise

F. Objectives for this internship

G. Organizations

Are you a member of any Alternative Dispute Resolution organizations?

Other organizations?

H. References

Please provide information for 2 references

Name	Organization/Title	Phone Number

We must be able to contact the references you have listed

I. Preferred Locations

Check all that apply

- Hamilton
- Kitchener
- Guelph
- Brantford
- Simcoe
- Cayuga

Date

Signature