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## Mediator Volunteer Application Form

Thank-you for your interest in volunteering with Wandsworth Mediation Service (WMS). We have a very small staff team of three part time workers and rely heavily on local volunteers giving their time. Without this we would be unable to maintain our service to the community. **We ask all prospective volunteers to complete the form below and return it to us with an up to date CV, and certificate of your mediation training.**

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	

**How did you hear about Wandsworth Mediation Service?**

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**Which of our panels are you interested in joining? (Please delete where appropriate)**

- Community Mediation Panel
- Inter-generational Mediation Panel
- Family Mediation Panel
- Commercial Mediation Panel
- Workplace Mediation Panel

**Why are you interested in volunteering for WMS and what do you hope and expect to gain from the experience?**

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**Please set out details of your mediation training.**

<b>Course title:</b>
<b>Course provider:</b>

**Date of completion of course:**

**Certificate attached? Y/N**

**Please set out any experience you have had of mediating.**

**Please set out any other relevant qualifications or courses.**

**What personal qualities and abilities would you bring to WMS?** This may include any experience, qualification or achievement that might have a positive impact on your volunteering at WMS.

**What times of day/evening would you be available to volunteer with us?**

<b>Monday</b>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
<b>Tuesday</b>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
<b>Wednesday</b>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
<b>Thursday</b>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
<b>Friday</b>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
<b>Saturday</b>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
<b>Sunday</b>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>

We work within the London Borough of Wandsworth. Volunteers are expected to travel within the borough and to hold mediations at our office which is at St Mark's Durie Hall,

Battersea Rise, SW11 1EJ. Please indicate below your preferred/available methods of transport.

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WMS is committed to ensuring that all reasonable steps are taken to provide for the health and safety of our volunteers. Volunteers are also expected to take reasonable measures to safeguard their own health and safety. Please provide details below of any condition(s) that may restrict the range of tasks that you can undertake:

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### Referees

We ask all prospective mediators to provide us with two referees who would be happy to provide a reference. One of these referees should be someone who knows you in a professional capacity and the other a friend or family member.

#### Professional Referee

Name	Telephone
Email or Address	
How Referee is known to you	

#### Personal Referee

Name	Telephone
Email or Address	
How Referee is known to you	

**Data Protection Act:** I understand and agree that, as part of volunteering with WMS my details may be held in a confidential database that is only used for reasons relating to my volunteering. Details of our Data Protection Policy and Privacy Notice are on our website. Please check box to confirm you understand this.

**Criminal Convictions:** Do you have any previous criminal convictions? Yes  No   
If yes, please give details below.

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*Criminal records will be taken into account only when the conviction is relevant. Declaring a conviction will not prevent you from being considered for a volunteer role.*

**Declaration:** I confirm that, to the best of my knowledge, the information I have provided in this application is correct.

I have attached the certificate of my mediation training.

**Signed:**

**Name:**

**Date:**

Please send this form via email to: [wms@wandsworthmediation.co.uk](mailto:wms@wandsworthmediation.co.uk) or  
Wandsworth Mediation Service, St Marks Durie Hall, London, SW11 1EJ

**Thank you for completing this form and for offering your time and skills to support our work.**