SHARED NEUTRALS

 APPLICATION FORM

To be considered for acceptance as a mediator on the Shared Neutrals Roster you must be an active federal employee, have completed the FMCS Shared Neutrals training, and submit this application form to sharedneutrals@fmcs.gov with the subject line “APPLICATION.”

Name:

Position:

Federal Agency:

Physical work location (city, state):

Work phone number:

Work cell phone number:

Work email:

Clearance level (if applicable):

Supervisor’s name:

Supervisor’s phone number:

Supervisor’s email:

CERTIFICATION:

I hereby certify that the information provided in this form or annexed hereto is true to the best of my knowledge and accurately reflects my qualifications to serve as a mediator for Shared Neutrals. I agree that acceptance of assignments through Shared Neutrals will not interfere with my regular job responsibilities and that I will keep my supervisor informed of my dispute resolution work.

I agree to follow Shared Neutrals Procedure, including notifying Shared Neutrals if I am contacted with a request for mediation by another agency, keeping Shared Neutrals advised of the status of the case, and assuring that evaluation forms and case closing forms are referred to Shared Neutrals.

I agree to keep my conflict resolution skills updated according to the requirements set forth by the program.

Furthermore, I hereby agree that if any problem arises related to my involvement as a neutral or any representations I have made related to this program, it shall be resolved by the Office of Shared Neutrals Program, whose determination shall be final on all matters.

I have read the Shared Neutrals Standards of Practice and agree to abide by all such Rules when I am asked to act impartially.

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Signature of Applicant Date

The information provided herein will be used only for program administration purposes by Shared Neutrals.