

APPLICATION TO CONDUCT ONLINE
UNITED STATES DEPARTMENT OF VETERANS AFFAIRS MEDIATIONS
ON A PRO BONO BASIS

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Date Of Rule 31 Listing As A Family Mediator: _____

Number Of Family Cases Mediated: _____

Please attach your resumé.

IMPORTANT INFORMATION

I understand that if selected to conduct pro bono mediations on behalf of the United States Department of Veterans Affairs (VA) I will not be compensated for my time or for any expenses. Prior to participating in any VA mediation, I will attend an orientation session conducted by VA personnel. I understand that I will comply with all VA mediation procedures. I also understand that if my application is approved, I will be placed on an VA listing of pro bono mediators. Whether I am selected to perform a mediation will be at the sole discretion of the VA or its designated representative. I understand that if I am assigned to conduct a mediation, I have, as an independent mediator, the discretion to decline any proposed assignment. Furthermore, if selected to be on the list, I will not hold myself out as an employee of the VA.

By signing below, I certify that I have read and understand the above Important Information and submit my application under these conditions.

Signature

Date

APPLICATION SUBMISSION

Email your application and resumé to Linda Seely at Linda.Seely@americanbar.org.