



Civil Service Division

State Employee Dispute Resolution Program
MEDIATOR APPLICATION

Thank you for your interest in mediation for the OMES State Employee Dispute Resolution Program. If you are already certified and wish to become a mediator with OSEDRP, you will be required to mediate with a certified OSEDRP mediator.

If you are new to mediation, you must complete this application, which acts as a supplement to the Early Settlement Mediation Alternative Dispute Resolution System **Application for Agency Volunteer Mediator Placement**.

Upon completion of basic mediation training, you will be scheduled to observe a certified mediator conducting an agency mediation case and then be observed mediating a case to be considered for certification.

Please complete this questionnaire and deliver/email it to OMES Civil Service Division.

State Employee Dispute Resolution Program
Office of Management and Enterprise Services
Human Capital Management
Civil Service Division
2401 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105
CivilServiceDivision@omes.ok.gov

Name	Application date
Address	Agency
City and ZIP	History of state agency employment
Job title	Cell number
Email address	Work number

Do you speak or read languages other than English (including American Sign Language)? Yes No

If yes, please list: _____

State Employee Dispute Resolution Program
VOLUNTEER MEDIATOR AGREEMENT

I understand that the Oklahoma Dispute Resolution Act (i.e., certification, confidentiality, liability, privileged, etc.) is applicable to me only when I am mediating for a certified program of the Oklahoma ADR System and am acting as a volunteer.

I understand that I may be released, at any time, from duties and responsibilities as a candidate or certified mediator for the State Employee Dispute Resolution Program by the OMES Civil Service Director, OMES Mediation Programs Manager or upper management of OMES Human Capital Management.

I can commit to a minimum of 10 hours per year volunteer mediation, mediation training or a combination thereof annually at state agency programs or the Early Settlement Program.

I understand that I will **not** be monetarily compensated for mediation services nor reimbursed for expenses incurred while mediating for a state agency.

I will disclose all association or relationship with the parties of the assigned mediation.

I will not accept a mediation for which I am a current or former employee of the appointing authority named in the complaint.

I will take an active role in the mediation to aid the parties in discussion of settlement and resolution of the complaint.

I will have the flexibility to adapt the mediation to the situation at hand.

I understand I have the authority to require any party to produce documents, limited to the disciplinary file as defined within the Civil Service Rules, for review at the mediation if to do so will aid in the discussion of the settlement and resolution of the complaint. Documents produced and reviewed at the mediation shall not become part of the complaint record at that time.

I will terminate the mediation in the case of disruptive behavior or conduct of a party or representative.

I can remain neutral and impartial in a dispute between others with conflicting points of view.

I can refrain from giving advice or my opinion to permit the parties to create their own resolutions to disputes.

I can encourage the parties to reach their own mutually negotiated solution(s).

Volunteer mediator

Date

Mediation Program Manager

Date