

# SPRING 2009 VOLUNTEER TRAINING

## Registration Form



Mediation Works  
33 N Central Avenue, Suite 219  
Medford, OR 97501  
Phone: 541-770-2468  
Fax: 541-770-6022  
www.mediation-works.org

### Please indicate the trainings you are registering for:

#### Conflict Resolution Trainings (Pre-requisite to all other listed trainings):

Volunteer Conflict Resolution Training (Sat., April 11, 2009 - 8:30-4:30 pm)

#### Schools and Restorative Justice Volunteer Trainings:

ChoicePoint Training (Friday, February 20th: 9:00 - 5:00 pm & Saturday, February 21st: 10:00 - 3:00 pm)

Restorative Justice: Victim Offender Program Volunteer Training (Fri. - Sat., April 24 - 25 & Fri. - Sat., May 1 - 2: 8:30 - 4:30 pm)\*

*\*Participants must apply for volunteer status with Mediation Works prior to volunteer training.*

*If you have not already applied check the box below:*

I'm interested in learning more about volunteer opportunities, please have someone contact me.

#### I would like to receive information regarding these future trainings:

Detention Center Volunteer Training

Circle Process Training

Peer Mediation Training

Navigating Conflict in the Workplace (Public Seminar)

## Participant Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Confirmation of registration and location of trainings will be sent via e-mail.*

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

## Registration Fees

**Volunteer Training Lunch and Materials Fee : \$15/day**

Total training days:  X \$15/day =

### Payment

Check payable to: Mediation Works

Credit Card

American Express

Mastercard

Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

**\*If paying by credit card, simply click "Submit by EMail" at the top of this form.**

**If paying by check, please print this form out and mail it with the check to:**

**Mediation Works, 33 N Central, Suite 219, Medford, OR 97501**