



A. Grenville & William Davis Courthouse,
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[Email: info@peelfamilymediation.org](mailto:info@peelfamilymediation.org)

Internship Application Form

Salutation: Mr. Ms. Dr. Prof. Judge

Name:

Today's date:

Address:

City:

Postal Code:

Telephone/Email: (Business #)

(Home #)

(Cell #)

Main Email

Professional Post-Secondary Education

<u>Institution</u>	<u>Degree</u>	<u>Date Completed</u>
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Mediation Training

Date Completed

Program / Trainer:

Program / Trainer:

Mediation Experience

Number and types of cases mediated (e.g.: Family, Court, etc.)

Special Interests / Expertise:

Other Services Offered:

Languages Spoken Fluently:

Professional Liability Insurance in Effect: Yes No

Name of Insurer:

Policy Number:

Please describe your objectives to be met during Internship:

Are you a member of an Alternative Dispute Resolution organization? Yes No If yes, please specify:

References:

Please Complete and Fax, Mail, Drop off, Email, or use Submit Form button. Peel Family Mediation Services also requests your current résumé.

Reset Form

Submit Form