Ku'ikahi Mediation Center
101 AUPUNI STREET, SUITE 1014B2, HILO, HAWAI'I 96720
808-935-7844, Fax 961-9727 www.kuikahi-mediation.org

Application for Mediation Basic Training

1. Name:_____
2. Address:_____
3. Phone number:_____
4. Email address:_____
5. Payment Method: (check, credit card) _____

Please answer the following questions and submit this application by email or regular mail to our office.

A. Why do you want to take mediation training?

B. What skills and/or background do you have in conflict resolution?

C. What types of conflicts are you most interested in handling?

D. What is your availability to mediate?

E. Do you have professional or academic background in divorce, custody, foreclosure, landlord/tenant or other legal actions?

I understand that this application is for basic mediator training, and that selection decisions for apprenticeship will be based on a careful screening process. I agree to a criminal background check if accepted into the apprenticeship program.

Signature:_____ Date:_____

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