



National Center for Dispute Settlement Roster Application/Questionnaire

Please type or print the information requested below. Completion of the application does not guarantee selection. PLEASE ATTACH A COPY OF YOUR PROFESSIONAL RESUME.

General Profile:

Name: _____ Year of Birth: _____

Citizenship _____ Foreign Languages (fluent only): _____

Firm / Business: _____

Position / Title: _____

Business Address: _____

City: _____ State: _____ Zip + 4: _____

Telephone: _____ Facsimile: _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip + 4: _____

Telephone: _____ Facsimile: _____

E-mail: _____

Preferred mailing address: Business Residence

How did you hear about NCDS? _____

Occupation: _____

Education: Graduate Degree Undergraduate Degree High School/GED

1. Special Training & Licenses: (Please indicate if you are ASE certified)

2. Dispute Settlement Experience:

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- 3. Do you have access to receive and send email daily? Yes No
- 4. If “No”, do you plan on having email in the next 6 months? Yes No
- 5. Can you send email attachments (e.g., Juno.com does not allow attachments): Yes No
- 6. Do you have access to the Internet daily? Yes No
- 7. If “No”, do you plan on having the Internet in the next 6 months? Yes No

8. Please describe your Computer Skills _____

- 9. Are you or have you ever been employed by an automobile dealer? Yes No

If so, please describe and state year. _____

- 10. Have you ever been a party to a “Lemon Law” or auto manufacturer’s dispute? Yes No

If so, please describe.

- 11. About how many cases a week/month can you handle? (Approx. 2 hours per case)

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Process Expertise / Preferences

Please indicate the processes you have expertise in or would prefer to practice with NCDS:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Fact-finding | <input type="checkbox"/> Facilitation |
| <input type="checkbox"/> Arbitration | <input type="checkbox"/> Neutral Evaluation | <input type="checkbox"/> Interest-based bargaining |

Dispute Resolution Training: (Indicate Attendance at ADR Training)

Type of Training _____ **Number of Hours** _____

Sponsoring Organization _____

Address _____

Dates Attended / Completed _____

Type of Training _____ **Number of Hours** _____

Sponsoring Organization _____

Address _____

Dates Attended / Completed _____

Type of Training _____ **Number of Hours** _____

Sponsoring Organization _____

Address _____

Dates Attended / Completed _____

Professional Membership Organizations

Please list all memberships in applicable professional organizations including Bar Associations and other ADR providers.

Organization _____ **Organization** _____

City / State _____ City / State _____

Years of service _____ Years of service _____

Offices held _____ Offices held _____

Organization _____ **Organization** _____

City / State _____ City / State _____

Years of service _____ Years of service _____

Offices held _____ Offices held _____

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Applicant's Statement of Veracity and Understanding

Have you ever been the subject of disciplinary action by a professional organization, convicted of a crime or removed from a case for failure to disclose any interest or relationship likely to affect impartiality or which might create an appearance of partiality or bias? Yes No

If yes, please explain:

The information in this application, and any attachments thereto, is true and accurate to the best of my knowledge, information and belief. If there is any change in the information provided, I agree to promptly notify National Center for Dispute Settlement (NCDS). I also understand the following:

1. National Center for Dispute Settlement may seek to verify the accuracy of the information provided by me in this application, and it is hereby authorized to do so. The review of my application, both prior to acceptance and during subsequent review of my status on the Roster of Neutrals, may be done by NCDS and may also be done by members of NCDS advisory committees.
2. Material inaccuracies in this information may result in my immediate dismissal from the NCDS Roster of Neutrals.
3. If I am accepted to the NCDS Roster of Neutrals, I hereby agree to serve in accordance with all NCDS-established procedures and the Code of Ethics for Arbitrators in Commercial Disputes and the Model Standards of Conduct for Mediators, in effect now and as they may be changed from time to time.
4. I understand that the composition of the Roster of Neutrals is in the complete discretion of NCDS, including the right to make additions, changes and deletions at any time. If I am accepted, my continuation on the Roster will be subject to standard review at two year intervals based on service need, qualifications and performance, and sooner if deemed appropriate by NCDS. Neither acceptance to the roster nor appointment to cases shall make me an employee or agent of NCDS.
5. I recognize that neither my willingness to serve as a neutral nor acceptance on the NCDS Roster of Neutrals obligates NCDS to propose me for appointment as a neutral in any case, nor will I be under an obligation to accept appointments.
6. I understand that although NCDS may serve in its administrative capacity to collect and disburse payments for compensation that may become due to me for services as a neutral in a NCDS case, such compensation is the sole and direct obligation of the parties to the dispute, and NCDS has no liability to me for payment.

Signed: _____ Dated: _____

**Send or fax completed application with
resume to:**

Liz Shook, Sr. Case Manager and Regulatory Analyst
NCDS
12400 Coit Road, Suite 1230
Dallas, TX 75251
lshook@ncdsusa.org

Fax: 972-807-9919