

# DEPARTMENT OF DEFENSE ROSTER OF NEUTRALS: NEUTRAL PROFILE

INSTRUCTIONS: *Please complete this form and submit it along with any certificate(s) of completion from ADR training courses you have taken by PDF attachment by e-mail to the DoD Roster of Neutrals, at the DOHA Center for ADR (DOHA CADR), c/o [osd.pentagon.ogc.mbx.doha-mediation-requests@mail.mil](mailto:osd.pentagon.ogc.mbx.doha-mediation-requests@mail.mil). If you have any questions, please e-mail the Roster at the address above.*

1. Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Series/Grade: \_\_\_\_\_

Security Clearance Level: \_\_\_\_\_

2. Name of DoD Organization: \_\_\_\_\_

3. Office Address \_\_\_\_\_ 4. Telephone Number: \_\_\_\_\_

\_\_\_\_\_ 5. DSN Number: \_\_\_\_\_

\_\_\_\_\_ 6. Fax Number: \_\_\_\_\_

7. E-mail address: \_\_\_\_\_

8. Cell phone number: \_\_\_\_\_

9. Location of your work site if not the same as your office address: \_\_\_\_\_

10. Known limitations on your availability (e.g. days unavailable, travel limitations):

\_\_\_\_\_  
\_\_\_\_\_

11. Process Expertise (e.g. Mediation, Facilitation of Workplace Conflict, Group Facilitation, Conflict Coaching, other.): \_\_\_\_\_

\_\_\_\_\_

12. Subject Matter Expertise: (e.g. Equal Employment Opportunity/ Discrimination Law; Labor and Management Disputes; Anti-Harassment Law; Special Education and IDEA; Federal Government Acquisition/Contracting/Procurement; Environmental Collaborative Dispute Resolution; other.):

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13. Dispute Resolution Training/Education. List Chronologically beginning with the most recent (use a continuation page if necessary). Please attach copies of certificates or proof of attendance.

Dates	Total Hours	Course Name & Location	Contact Person and Telephone Number

14. Dispute Resolution Experience within the past 2 Years (use a continuation page if necessary):

Dates	Total Hours	Issues	Location

15. Other potentially relevant experience (e.g. as an Ombudsperson, a counselor, a grievance examiner, a union official or steward, etc.):

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16. Additional factors that pertain to your skills as a mediator (such as foreign language, sign language, special substantive expertise, professional affiliations):

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The information you provide will be maintained by the Center for Alternative Dispute Resolution within the Defense Office of Hearings and Appeals and will be a part of a system of records subject to the Privacy Act of 1974. With your permission, an abbreviated profile may be provided upon request to disputants, their representatives, and the agency officials seeking mediation assistance.

## **CERTIFICATION**

The information provided in this form and any attachments is true and complete to the best of my knowledge and recollection and accurately reflects my qualifications to mediate cases referred to me in connection with collateral duty, DoD Roster of Neutrals. I have been trained in the ethical standards of Professional Responsibility for facilitative mediators and agree to abide by these standards whenever I am asked to act as a mediator.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED Full Name of Applicant

\_\_\_\_\_  
DoD Email Address of Applicant

## **SUPERVISOR'S ENDORSEMENT**

Workload permitting, I agree to allow \_\_\_\_\_ to serve as a mediator with the DoD Roster of Neutrals, if called upon to do so, as a collateral duty. I recognize that this duty involves a mediation involving another DoD organization. I understand that no compensation is associated with performing mediation services under this agreement other than travel and per diem expenses incurred by the requesting DoD organization.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED Full Name of Supervisor and Position Title

\_\_\_\_\_  
DoD Email Address of Applicant