



ASSOCIATE CIVIL ROSTER RENEWAL FORM

Name: _____ Pronouns: _____ Date: _____

1. Liability insurance:

- I am a member in good standing of the Law Society of B.C. and am insured to practice law; or
- I have attached proof of a minimum of \$2,000,000 in current liability insurance coverage; or
- I have forwarded proof of current liability insurance coverage under separate cover.

2. Mediator information update:

- I verify that the information on my online Roster profile is updated and correct to the best of my knowledge, and I consent to the release of that information.

3. Volunteer opportunities:

Mediate BC is a not-for-profit organization that benefits from the contributions of many volunteers in its efforts to provide public education around conflict resolution options and its mandate to ensure public access to high quality conflict resolution services. If you would be interested in supporting Mediate BC's mission, please indicate any areas of interest:

- Practice-related committees (Admissions, Practice Advisory, Complaints) _____
- Speakers Bureau (Please note areas of expertise: _____)
- Equity, Diversity, and Inclusion Committee or initiatives

Staff will contact individuals when volunteer opportunities in these areas emerge.

4. Renewal fee:

- I have made an [online Interac E-transfer payment](#) in the amount of **\$146.00** (\$139.05 + GST) for the roster renewal fee. *Please note that Interac e-transfers should be directed to finance@mediatebc.com.*

5. Understanding our Rosters and Serving the Public:

Mediate BC is committed to equity, diversity, and inclusion in our work and on our rosters. To support that commitment, we collect disaggregated and intersectional data to better understand existing gaps and barriers in the field of mediation and to support and guide our strategies and initiatives aimed at encouraging greater access to the field of conflict resolution for practitioners of marginalized identities.

Please note **this section is optional** and data collection is in accordance with the Freedom of Information and Protection of Privacy Act.

I self-identify in the following ways:

- Indigenous

- Additional information? _____

Immigrant

- Additional information? _____

Ethnicity - please select all of the following that apply

- Arab
- Black
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- West Asian (e.g., Iranian, Afghan, etc.)
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
- White
- Other - specify

Gender Identity: _____

Disabled

- Additional information? _____

Faith community

- Additional information? _____

LGBTQIA2S+

- Additional information? _____

Additional lived experience(s): _____

Thank you!

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Signature: : _____

Confirmation of roster renewal will be sent by email.

Please send your completed form and any attachments to:

**Mediate BC Society
Mediator Roster Program
mediators@mediatebc.com**

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