

AzTRN: Arizona Trauma Recovery Network Volunteer Information Form

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|--|--|---|--|
| Name: | | Date: | |
| Mailing Address: | | ZIP: | |
| Office Address: | | ZIP: | |
| Phone #1: | | Phone #2: | |
| Fax #: | | E-mail: | |
| Website: | | | |
| HAP Volunteer? | | You bet! | |
| | | Not yet, but I want to be! * | |
| <i>* Please go to EMDR-HAP.org to sign up to become a HAP Volunteer! This is required for AzTRN participation.</i> | | | |
| Professional specialties: | | | |
| Populations with whom you work: | | | |
| Insurance plans you accept: | | | |
| Other modalities in which you are trained, including crisis training: | | | |
| Other disaster response organizations with which you work: | | | |
| What is your comfort level now with early EMDR interventions (within a week or month of the incident)? | | | |
| Volunteer Interest? | | Steering Committee | |
| | | Clinician | |
| | | Consultant (must be AC) | |
| | | Committee (see options below) | |
| | | Other: | |
| Committee Interest? | | Professional Development/ Training | |
| | | Network Administration, Policies & Procedures/Manual | |
| | | Funding Committee | |
| | | PR/Marketing & Advertising | |
| | | Research | |
| | | Other: | |
| What training would you like for yourself? | | | |
| What training do you recommend for AzTRN volunteers? | | | |
| What training would you be willing to offer for AzTRN Volunteers? | | | |
| Comments? | | | |

Signature

Date