



VIRGINIA COMMUNITY
RESPONSE NETWORK

VOLUNTEER FACT SHEET

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License Type: _____ State Issues: _____

License Number: _____ Expiration Date: _____

Cell Phone: _____ Email: _____

Licensed Eligible: _____ Name of Supervisor: _____

Supervisor's License Type: _____ State Issues: _____

Supervisor's License Number: _____ Expiration Date: _____

Supervisor's Cell Phone: _____

Supervisor's Email: _____

Gender: ☐ male ☐ female ☐ _____ Preferred Pronouns _____

DOCUMENTS NEEDED:

☐ Copy of EMDRIA approved (Part I & II) EMDR Training Certificate

Date of Completion _____

☐ Copy of Personal or Supervisor's Malpractice Insurance \$1M/\$3M minimum amounts

☐ Copy of Personal or Supervisor's License

☐ Signed Statement of Affirmation and Agreement

☐ Copy of Supervisor's Approval Letter

☐ Confidentiality Agreement

EMERGENCY CONTACT INFORMATION (USED WHEN WORKING AT THE DISASTER SITE):

Name: _____

Relationship: _____

Phone Number: (c) _____ (other) _____

Type of Volunteer (check all that apply):

☐ Onsite at Disaster ☐ On Site Clinical/Community Coordinator (this involves additional training)