



**VIRGINIA COMMUNITY  
RESPONSE NETWORK**

**VOLUNTEER FACT SHEET**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Type: \_\_\_\_\_ Issued in State of: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Eligible: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor's License Type: \_\_\_\_\_ Issued in State of: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: ☐ male ☐ female Preferred Pronouns \_\_\_\_\_

**Requirements:**

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

Date of Basic 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

☐ Confidentiality Agreement

☐ Copy of Supervisor's Approval Letter

**Emergency Contact Information (to be used when you are working in the disaster):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (c) \_\_\_\_\_ (other) \_\_\_\_\_

**Type of Volunteer (check all that apply):**

On-site at Disaster ☐ and/or Pro Bono Therapist ☐ and/or

An On Site Volunteer Coordinator ☐