Volunteer Clinician
STATEMENT OF AFFIRMATION AND AGREEMENT

WHEREAS, ______________________________________ (the “Clinician”) wishes to provide pro bono therapeutic services as a Volunteer with the Virginia Community Response Network in response to extraordinary community needs in the event of disasters that cause traumatization.

NOW THEREFORE, The Clinician hereby affirms and agrees as follows:

1. The Clinician affirms:
   a) That Clinician is a licensed mental health professional, or a licensed eligible mental health professional who has a licensed supervisor that has given written approval of their participation;
   b) That has completed an EMDRIA-approved Part II EMDR training program and is knowledgeable by training and experience in providing mental health trauma services; and
   c) That Clinician has or will complete the VCRN mandatory 2-day Volunteer Training held on: __________

2. The Clinician or Supervisor agrees:
   a) To update Volunteer clinician registration information every time circumstances change;
   b) To maintain professional malpractice/liability insurance ($1 million/3 million) throughout the time of service as a VCRN Volunteer clinician;
   c) To provide written evidence of said insurance to the VCRN Secretary, as well as notice of any change in said insurance coverage; and
   d) To provide written evidence of professional licensure to the VCRN Secretary.

3. The Clinician affirms and agrees:
   a) That all therapeutic services provided will be the responsibility of the Clinician and will be covered under Clinician's or Supervisor’s insurance.
   b) To perform such therapeutic services in a manner consistent with VCRN Policies and Procedures and community ethical standards.
   c) That the Clinician may accept or refuse to provide services as a VCRN Volunteer clinician at any time, provided that Clinician makes arrangements to meet VCRN requests whenever possible and per VCRN Policies and Procedures Manual.
   d) That VCRN does not supervise the provision of services and in no way assumes any liability in connection with their delivery or effect.
   e) That the Clinician may terminate their status as a VCRN Volunteer clinician at any time, preferably with thirty (30) days written notice, to VCRN Leadership Team.
   f) That the Clinician or Supervisor alerts the VCRN Leadership team of any pending litigation regarding their practice in mental health.

In consideration of the Clinician’s compliance with these affirmations and agreements, VCRN will recognize the Clinician as a Volunteer clinician unless and until the Clinician gives written notice to terminate the relationship.

_________________________________________ __________________________
Clinician Signature                                      Date