

Southeast Florida Trauma Recovery Network

Volunteer Information Form

(Please email to southeastfloridatrnrn@emdrhap.org)

Name:		Date:
Office Address:		
Home Address:		
Mailing Address (if different):		
Phone (mobile):	Phone (office):	
Fax:	E-mail:	
Website:		
Professional specialties:		
Credentials:		
Populations with whom you work:		
Languages spoken (other than English):		
Number of Hours Available per week:		
Other modalities in which you are trained, including crisis training:		
Other disaster response organization affiliations:		
EMDR Certified?	Consultant?	
If you are a consultant-in-training, how many hours have you had? <i>*Consultants-in-training can provide consultation for the TRN if they have at least 10 hours of training.</i>		
What Early EMDR Intervention training have you had?		
What is your comfort level now with early EMDR interventions?		
What training would you like for yourself?		
What training do you recommend for Southeast FL TRN Volunteers?		
What training would you be willing to offer for Southeast FL TRN Volunteers?		
Administrative skills? And would you be		

willing to volunteer with clerical work?

Volunteer Interest:		Steering Committee		Clinician
		Consultant		Other Committee (see below)
		Other:		

Committee Interest:		Training and prof development		Admin/policies/procedures
		Recruiting		PR/Marketing & Advertising
		Research		Other:

Comments?

Signature

Date