The Soldiers Project

Free, Confidential Psychological Counseling For Military Service Members And Their Loved Ones

VOLUNTEER THERAPIST APPLICATION

Name	**Professional Degree:**
Office Address: (where you will see clients):	**Specialty (check all that apply)**
	☐ Individual ☐ Adolescent ☐ Family ☐ Child ☐ Couples ☐ Other
Contact Information:	**State License Number and Type**
Email (required): _____ Alternate Email: Phone # for Client Use: _____ Alternate Phone Number: Fax Number: Mobile Number:	**Do you speak any languages in addition to English?**
Do you work for an agency or have a private practice? _____	**If you work for an agency, is there a private office in which you can see patients?** _____

- The Soldiers Project Volunteer (TSP) Therapists are required to take three trainings, relevant to military culture, combat and homecoming, before treating our clients. One of the trainings must be in-person, at a TSP-sponsored conference or workshop. Two of the trainings may be internet-based. We will provide you with a list of free, approved, on-line trainings.
- TSP Volunteer Therapists must be fully-licensed and possess their own malpractice insurance.
- TSP Volunteer Therapists agree that all therapy services, provided to The Soldiers Project clients, will be provided at *no charge*, even if the therapist is a member of Tri-Care of other insurance panel.

PLEASE INITIAL HERE TO INDICATE YOU ARE WILLING TO MEET THESE REQUIREMENTS: _____

Are there other areas you might be interested in volunteering your time and expertise? (e.g. community outreach, administration, fund-raising, Adopt-a-College Program, other program development, administrative) **Please comment below:**	**Any other information** you believe we should know.

PLEASE RETURN THIS FORM ALONG WITH: 1) Copy of current professional license 2) Copy of current malpractice insurance 3) Brief Curriculum Vita

e-mail to volunteers@thesoldiersproject.org or fax to (262) 437.5716 (no cover sheet needed)