

FCTR: Fairfield County Trauma Recovery Network Volunteer Information Form

Name:		Date:	
Mailing Address:		ZIP:	
Office Address:		ZIP:	
Phone #1:		Phone #2:	
Fax #:		E-mail:	
Website:			
HAP Volunteer?		You bet!	
		Not yet, but I want to be! *	
<i>* Please go to EMDR-HAP.org to sign up to become a HAP Volunteer! This is required for FCTR participation.</i>			
Professional specialties:			
Populations with whom you work:			
Insurance plans you accept:			
Other modalities in which you are trained, including crisis training:			
Other disaster response organizations with which you work:			
What is your comfort level now with early EMDR interventions (within a week or month of the incident)?			
Volunteer Interest?		Steering Committee	
		Clinician	
		Consultant (must be AC)	
		Committee (see options below)	
		Other:	
Committee Interest?		Professional Development/ Training	
		Network Administration, Policies & Procedures/Manual	
		Funding Committee	
		PR/Marketing & Advertising	
		Research	
		Other:	
What training would you like for yourself?			
What training do you recommend for FCTR volunteers?			
What training would you be willing to offer for FCTR Volunteers?			
Comments?			

Signature

Date