

**Central Virginia Trauma Recovery Network (TRN)
Volunteer Clinician
Statement of Affirmation and Agreement**

WHEREAS, _____ (the “Clinician”) wishes to provide pro bono therapeutic services as a volunteer with the Central Virginia Trauma Recovery Network affiliate of Trauma Recovery/HAP’s Trauma Recovery Network (TRN) 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 s/he is a licensed mental health professional, who has completed an EMDRIA-approved Level II EMDR training program and is knowledgeable by training and experience in providing mental health trauma services; and
- b) That s/he has registered on the Trauma Recovery/HAP website (www.emdrhap.org) as a volunteer.
- c) That s/he has registered as an MRC Volunteer beginning at <http://vvhs.vamrc.org>

2. The Clinician agrees:

- a) To update his/her volunteer clinician registration information as his/her circumstances change;
- b) To maintain professional malpractice/liability insurance (\$1 million/3 million) throughout the time of service as a TRN volunteer clinician;
- c) To provide written evidence of said insurance to the TRN Coordinator, as well as notice of any change in said insurance coverage; and
- d) To provide written evidence of professional licensure within his/her state to the TRN Coordinator.

3. The Clinician affirms and agrees:

- a) That all therapeutic services s/he provides will be his/her responsibility and will be covered under his/her insurance;
- b) That s/he will perform such therapeutic services in a manner consistent with the attached Best Practice Recommendations for Pro Bono Clinical Treatment;
- c) That the Clinician may accept or refuse to provide services as a TRN volunteer clinician at anytime, provided that commitments already undertaken are completed in accordance with their terms;
- d) That the Clinician may also provide services as a visiting pro bono clinician in other communities when the need is great and Trauma Recovery or another local or regional TRN affiliate requests their assistance, provided the law of the visited state permits and the Clinician’s insurance will apply to such assistance;
- e) That Trauma Recovery does not oversee or supervise the provision of services and in no way assumes any liability in connection with their delivery or effect; and
- f) That the Clinician may terminate his/her status as a TRN volunteer clinician by thirty (30) days written notice to Trauma Recovery to the TRN Coordinator.

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

Clinician Signature

Date