



**Central Virginia TRN
VOLUNTEER FACT SHEET**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License Type: _____ Issued in State of: _____

License Number: _____ Expiration Date: _____

Phone: _____ Email: _____

Gender: male female

Requirements:

Registered on-line as a HAP TRN volunteer <http://www.emdrhap.org>

Registered as MRC Volunteer beginning at <http://vvhs.vamrc.org>

Copy of Basic Training Certificate

Date of Basic Completion _____

Copy of Malpractice Insurance \$1M/\$3M minimum amounts

Copy of License

Signed

Emergency Contact Information (to be used when you are working in the disaster):

Name: _____

Relationship: _____

Phone Number: _____

Type of Volunteer (check all that apply):

Onsite at Disaster and/or Pro Bono Therapist and/or

An On Site Volunteer Coordinator