

# Pre-licensure Mental Health Professional Volunteer Application

Please note that your application will not be submitted until you fill in all fields flagged as required on this page and click the Submit Application button. You'll know your application was successfully submitted when you click the 'Submit Application' button and it takes you to another screen. If you stay on this screen, it means you missed a required field and your application has not yet been submitted.

## General Availability

Please let us know what days and times you're available to provide telemental health services.

For the purposes of this form, you can select any day or time provided you have availability within that window:

- Morning: before 12pm
- Afternoon: 12-5pm
- Evening: 5-8pm
- Nights: after 8pm

You will have an opportunity to provide clarification regarding your weekly and daily availability below.

	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights
<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional Info

Please answer the following questions as completely as possible.

### Professional

Provider Type

If you selected "other" for provider type, please explain.

License Number (if applicable)

Have you ever been sanctioned, investigated, or had any judgements against you by a state licensing board? If yes, please describe the event(s), dates, and identify the licensing board.

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Have you ever been convicted of a crime (excluding minor traffic offenses)? If yes, please explain.

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Are you currently receiving supervision for licensure? If yes, please provide details including location, services provided, supervisor's name and contact information.

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How many hours towards licensure have you completed and about how many more months do you have until you've completed your required supervision?

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Do you currently carry any professional liability insurance? If yes, please include the details, including whether or not your coverage extends to volunteer roles.

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Do you have any experience working with free and charitable clinics or medically underserved populations? If yes, please explain.

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If you have preferred clinical treatment approaches, please list them here.

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Have you provided care via telehealth before? If so, what was your reaction? Why?

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**SAMPLE APPLICATION  
NOT TO BE COMPLETED**

What therapeutic and/or telehealth skills would you especially like to develop through participation in this initiative?

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Are there any specific issues or populations you are interested in working with?

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What type of educational opportunities could we offer you through this program (format, topics, etc.) that would be beneficial to you and your professional growth?

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What in your experience or training makes you specially suited for this initiative? Why are you the right candidate for this project?

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What most excites you about being part of VTMHI's pilot?

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If you are chosen to participate, what do you anticipate your challenges will be?

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Please provide a professional biography

**SAMPLE APPLICATION**  
**NOT TO BE COMPLETED**

Please upload your resume/CV

Choose File No file chosen

### General

Name as you would like it to appear on the provider directory (ex: Virginia Volunteer, LPC-R)

Pronouns

Please list any additional languages in which you are capable of conducting therapy.

Do you have access to highspeed internet, hardware (computer or tablet), and a confidential place to practice?

Please provide any clarifying details regarding your weekly availability.

What month are you available to begin volunteering?

Are you able to commit to at least six months of volunteer service with VTMHI?

Is there anything else you would like us to know about you?

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