

# Veteran's Project of South Florida - SOFAR

A Pro-Bono Project of The Southeast Florida Association for Psychoanalytic Psychology and  
The Florida Psychoanalytic Society

## Volunteer Information Form

Please fill out the following information:

### Identifying Information

<i>First Name</i>	
<i>Last Name</i>	
<i>1st Degree/Title/Credentials.</i>	
<i>2nd Degree/Title/Credentials</i>	
<i>Other Degree/Credentials</i>	
<i>License(s) Number(s)</i>	
<i>State(s)</i>	

### Contact Information:

<i>Office Street Address</i>	
<i>Street Address (cont.)</i>	
<i>City</i>	
<i>State/Province</i>	
<i>Zip/Postal Code</i>	
<i>Email Address(required)</i>	

Please indicate the best number to reach you for referral purposes by checking the box to the right

<i>Office Phone</i>		<input type="checkbox"/>
<i>Mobile Phone</i>		<input type="checkbox"/>
<i>Home Phone</i>		<input type="checkbox"/>
<i>Pager</i>		<input type="checkbox"/>

**Professional Information:**

	Please indicate the population you would prefer to receive referrals for:	Language(s) other than English proficient in:
<input type="checkbox"/>	Adult	
<input type="checkbox"/>	Couples	
<input type="checkbox"/>	Women/Spouses	
<input type="checkbox"/>	Adolescent	
<input type="checkbox"/>	Child	
<input type="checkbox"/>	Family Group	
<input type="checkbox"/>	Other: _____	

**Additional Information**

Are you a current member of SEFAPP and/or FPS? <i>(membership in either is required)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE
Would you like to offer additional help by joining a committee?  <i>If yes, indicate area of interest (i.e., outreach, steering, media promotion, administrative/mailing, event support).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I'D LIKE MORE INFO  _____
Please indicate any other services you wish to provide to the Veterans Project	_____ _____ _____

To complete the Volunteer Registration process, please submit the following:

- Current resume/CV
- First page of malpractice insurance document
- Completed Attestation Form
- Completed Volunteer Information Form