



Volunteering at Walk-In Counseling Center

ABOUT US

[Walk-In Counseling Center](#) was founded by a group of psychologists in 1969, in response to the unmet need for accessible mental health services in the Twin Cities. For the past 43 years we have provided free mental health counseling to help thousands of people address issues of depression, anxiety, chemical abuse/dependency, trauma, domestic violence and a variety of other emotional and interpersonal concerns.

ABOUT VOLUNTEERING

Walk-In's unique services are provided by approximately 140 master's level and PhD clinicians who volunteer as counselors and clinic supervisors, and 25 paraprofessionals who volunteer as receptionists over the course of a year. We estimate the value of last year's volunteer clinic services at nearly \$900,000. We are, to our knowledge, the only mental health service in the nation staffed by volunteers.

At our primary site in Minneapolis, volunteers work in teams of six: four counselors, a supervisor and a receptionist. Off-site locations in St. Paul are staffed by teams of three to four.

Due to the professional nature of our work, volunteers should treat their commitment to our organization as if it were paid employment. Volunteers are expected to engage in the highest levels of professionalism and ethical behavior.

We ask volunteers to make an initial commitment of six (6) months as part of an evening or afternoon team that meets weekly or bi-weekly.

Walk-In's model of service is founded on the team model. Each team is constructed to maximize balance in experience, perspective, and educational background. Team members depend on a strong shared experience, and when a volunteer misses a shift the team and clients are impacted.

If you anticipate that you may miss more than one volunteer shift during the quarter in which you wish to volunteer due to frequent or extensive travel, unreliable transportation or childcare, medical concerns (e.g. planned operations, fragile health), or other scheduling conflicts, please wait to apply until your schedule will support a volunteer commitment at Walk-In.

HOW TO BECOME A VOLUNTEER

1. Visit our website (www.walkin.org/volunteering) to learn more about Walk-In and the requirements and responsibilities of our volunteers.
2. Download a volunteer application from our website and email your completed application to Rita Sandidge at rsandidge@walkin.org.
3. After we receive your application, you will be contacted for an interview. Additionally, volunteer mental health professionals must pass a background check prior to volunteering.
4. Once accepted, you will be invited to our orientation and scheduled for an opening on a clinic team.

Questions?

Please contact Rita Sandidge, Interim Volunteer Coordinator at 612-870-0565 x106 or rsandidge@walkin.org.



Volunteer Application

Team Consultant

2421 Chicago Ave. S., Minneapolis, MN 55404 ■ P: 612-870-0565 ■ F: 612-870-4169

Instructions: Please complete this application and return it to Rita Sandidge, Interim Volunteer Coordinator, at rsandidge@walkin.org, or to the address or fax listed above.

CONTACT INFORMATION

Date of Application: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: Home Cell Work

Alternate Phone (optional): _____ Type: Home Cell Work

Primary Email: _____

Alternative Email (optional): _____

Current Employer: _____

Position/Title: _____

Current position is: Full-Time Part-Time

Dates of current position: _____

VOLUNTEER EXPECTATIONS & EXPERIENCE

1. Have you ever volunteered at Walk-In Counseling Center? Yes No

If yes, in what role? _____ Dates: _____

2. How did you learn about Walk-In Counseling Center?

3. Why do you want to volunteer at Walk-In? What do you expect from this experience?

4. Please check each shift that you are available, and indicate your 1st and 2nd preferences.

Day	Shift Time	Frequency	Location	Preference
<input type="checkbox"/> Mon.	12:45p – 5:00p	(weekly)	Mpls: Walk-In	_____
<input type="checkbox"/> Mon.	4:45p – 8:30p	(weekly)	St. Paul: Family Tree	_____
<input type="checkbox"/> Mon.	6:15p – 10:30p	(bi-weekly)	Mpls: Walk-In	_____
<input type="checkbox"/> Tues.	6:15p – 10:30p	(weekly)	Mpls: Walk-In	_____
<input type="checkbox"/> Wed.	12:45p – 5:00p	(bi-weekly)	Mpls: Walk-In In	_____
<input type="checkbox"/> Wed.	6:15p – 10:30p	(bi-weekly)	Mpls: Walk-In In	_____
<input type="checkbox"/> Wed.	4:45p – 8:30p	(weekly)	St. Paul: Family Tree	_____
<input type="checkbox"/> Thurs.	4:15p – 8:00p	(weekly, Sept-May)	St. Paul: First Lutheran	_____
<input type="checkbox"/> Thurs.	6:15p – 10:30p	(bi-weekly)	Mpls: Walk-In	_____
<input type="checkbox"/> Fri.	12:45p – 5:00p	(bi-weekly)	Mpls: Walk-In	_____

5. Please list your current and past volunteer experience.

1. Agency/Program: _____ **Dates:** _____

Activities:

2. Agency/Program: _____ **Dates:** _____

Activities:

3. Agency/Program: _____ **Dates:** _____

Activities:

Attach a separate sheet if necessary.

6. Please list any special areas of expertise or special skills (e.g. foreign language, sign language, sexual abuse counseling, chemical dependency counseling, etc.).

CREDENTIALS & TRAINING

1. Please list any degrees held and/or expected.

Institute: _____	Degree: _____
Major Field: _____	Year: _____
Institute: _____	Degree: _____
Major Field: _____	Year: _____
Institute: _____	Degree: _____
Major Field: _____	Year: _____

2. Please list practica placements, internships, field experiences and any other supervised clinical experience.

Agency: _____	Dates: _____
Client Population: _____	Approx. Contact Hrs: _____
Treatment Modalities: _____	
Agency: _____	Dates: _____
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Treatment Modalities: _____	
Agency: _____	Dates: _____
Client Population: _____	Approx. Contact Hrs: _____
Treatment Modalities: _____	
Agency: _____	Dates: _____
Client Population: _____	Approx. Contact Hrs: _____
Treatment Modalities: _____	

Attach a separate sheet if necessary.

3. Have you ever been licensed or certified? Yes No

If yes, please list current licenses and certifications in a mental health field:

License Held: _____ State: _____ Start Date: _____

License Held: _____ State: _____ Start Date: _____

License Held: _____ State: _____ Start Date: _____

4. Please list any areas of competency or professional practice for which you are licensed or certified.

5. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, or educational or training institution?

Yes No

6. Are there any complaints pending against you before any of the above named bodies?

Yes No

7. Have you ever had a civil suit brought against you relative to your professional work or is any such action pending?

Yes No

If you answered "yes" to any of the above three questions, please attach an explanation.

EMPLOYMENT EXPERIENCE

1. Have you ever been asked to resign or been terminated by a training program or employer? Yes No *If yes, please attach an explanation.*

NOTE: *In accordance with Minnesota State Law (Statute 148A, effective 8/1/86), Walk-In Counseling Center is obligated to make written inquiry to past employers in the mental health field over the past five years regarding possible sexual misconduct with clients.*

2. On the following page, list all current and past employment in the mental health field during the past five years. Include part-time, temporary, and fulltime positions, and all paid internships. Please list chronologically beginning with the most recent. Attach a separate sheet if necessary.

- OR -

Check here if you have not had any employment or paid internships in the mental health field in the past five years.

Agency: _____ Dates: _____
Mailing Address: _____
Phone Number: _____
Title: _____
Description (setting, duties):

Agency: _____ Dates: _____
Mailing Address: _____
Phone Number: _____
Title: _____
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Agency: _____ Dates: _____
Mailing Address: _____
Phone Number: _____
Title: _____
Description (setting, duties):

Agency: _____ Dates: _____
Mailing Address: _____
Phone Number: _____
Title: _____
Description (setting, duties):

Attach a separate sheet if necessary.

I understand that my employer(s) will be contacted in accordance with MN Statute 148A.

Signature of Applicant

OTHER EXPERIENCE

Please list any supervisory, consultative or management experience in a mental health setting.

Agency: _____ Dates: _____

Title: _____

Description (setting, duties, supervisory responsibilities):

Agency: _____ Dates: _____

Title: _____

Description (setting, duties, supervisory responsibilities):

Agency: _____ Dates: _____

Title: _____

Description (setting, duties, supervisory responsibilities):

REFERENCES

Please provide contact information for three people who are familiar with or have supervised your clinical work within the last five years.

Name: _____

Agency/Institution: _____

Phone: _____

Name: _____

Agency/Institution: _____

Phone: _____

Name: _____

Agency/Institution: _____

Phone: _____

STATEMENT OF APPLICANT

All information submitted by me in this application is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this application may be cause for denial of appointment as a volunteer or cause for dismissal from the volunteer staff.

By applying for appointment to the volunteer staff of Walk-In Counseling Center, I acknowledge that I have the responsibility to read the “Ethical Guidelines at Walk-In Counseling Center” and other Walk-In rules and regulations. I agree to act in accordance with these ethical guidelines and any other rules or regulations adopted by Walk-In.

I authorize the Walk-In Counseling Center, its staff, and representatives to consult with persons or institutions with which I have been associated and with others, including past and present employers, who may have information bearing on my professional competence, character and ethical qualifications. I release from liability all representatives of Walk-In for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from any liability all individuals and organizations who provide information to Walk-In in good faith and without malice concerning my professional competence, ethics, character and other qualifications.

I understand and agree that I will notify Walk-In of any changes in my job or training status, licensure, censure or sanction by professional bodies, or any other information relating to my ability to perform as a volunteer at Walk-In.

Applicant Name (please print)

Date

Signature of Applicant