



# Volunteering at Walk-In Counseling Center

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## 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 49+ years we have provided free mental health and crisis 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.

Our mission is to provide, free, anonymous, easily accessible mental health counseling to people with urgent needs and few service options. Our overarching goal is to help people stabilize during a time of crisis and move towards resolving problems before they become severe. In 2017, approximately 165 volunteer mental health professionals provided 18,000 service hours valued at \$1,115,000. The contribution of our volunteers to the community since 1969 is estimated at more than \$25 million.

**We are, to our knowledge, the only mental health service in the world staffed by volunteer clinicians.**

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## ABOUT VOLUNTEERING

We rely on the expertise and generosity of our **140+ volunteer counselors and team consultants** to deliver high quality counseling to people with urgent needs; **25+ volunteer clinic receptionists** to coordinate during clinic hours, and administrative assistants who support Walk-In during non-clinic hours. Walk-In volunteers bring passion, compassion, and dedication to their work with clients.

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

Some volunteers commit to a weekly schedule. Others work certain hours each month and some are substitutes. Although Walk-In emphasizes the importance of continuity in the volunteer force, different commitment options are available. **Clinic volunteers' schedules must permit a commitment to a regular (weekly or bi-weekly) evening or afternoon shift for at least 8 months.**

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## BECOME A VOLUNTEER

1. Visit our website (<https://walkin.org/volunteering-students>) to learn more about the requirements and responsibilities of our volunteer counselors, team consultants, clinic receptionists, and administrative assistants.
2. Complete an application. (Access application at <https://walkin.org/volunteering-students>.) To save the application so you can fill it out and email and/or print it, go to File, choose Save As, and save to your computer before filling it out).
3. Submit your completed application to Pang Chang, Director of Volunteers.
4. After we receive your application, you will be contacted for an interview. Additionally, clinic volunteers must pass a background check prior to volunteering.
5. Once accepted, you will be scheduled on a clinic team or an administrative assistant shift.

**Questions?** Contact Pang Chang, Director of Volunteers, at [pchang@walkin.org](mailto:pchang@walkin.org) or 612-870-0565 x111.



# Volunteer Application Counselor

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

*Instructions: Please complete this application and return it to Pang Chang, Director of Volunteers, at pchang@walkin.org, by fax or by mail at the address listed above.*

## CONTACT INFORMATION

Date of Application: _____	Available Start Date: _____
Name: _____	
Street Address: _____	
City: _____	
State: _____	Zip: _____
Phone: _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email: _____	
Date of Birth: _____	
Current Employer: _____	Position/Title: _____
Current position is: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Dates of current employment: _____

## PAST INVOLVEMENT WITH WALK-IN

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

If yes, in what role? \_\_\_\_\_ Dates: \_\_\_\_\_

## VOLUNTEER EXPECTATIONS & EXPERIENCE

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

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

3. Please check each walk-in clinic shift that you are available, and indicate your 1<sup>st</sup> and 2<sup>nd</sup> preferences.

Day	Shift Time	Frequency	Preference
<b>Minneapolis</b>			
___ Monday	12:45p - 5:00p	(weekly)	___
___ Monday	6:15p - 10:30p	(bi-weekly)	___
___ Tuesday	6:15p - 10:30p	(bi-weekly)	___
___ Wednesday	12:45p - 5:00p	(bi-weekly)	___
___ Wednesday	6:15p - 10:30p	(bi-weekly)	___
___ Thursday	6:15p - 10:30p	(bi-weekly)	___
___ Friday	12:45p - 5:00p	(bi-weekly)	___
<b>St. Paul Family Tree</b>			
___ Monday	4:45p - 8:30p	(bi-weekly)	___
___ Wednesday	4:45p - 8:30p	(bi-weekly)	___
<b>Neighborhood House</b>			
___ Tuesday	6:00p - 9:30p	(bi-weekly)	___

4. If you are applying as an on-call counselor for Spanish speakers, please tell us when you generally might be available for an appointment:

5. Please list your current and past volunteer experience.

Agency/Program:

Dates: \_\_\_\_\_

\_\_\_\_\_

Activities:

Agency/Program:  
\_\_\_\_\_

Dates: \_\_\_\_\_

Activities:

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.).

**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. List all current and past employment in the mental health field during the past five years. Include part-time, temporary, and full time 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:  
Description (setting, duties):

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

*Attach a separate sheet if necessary.*

3. \_\_\_\_\_ (Please initial) I understand that my employer(s) will be contacted in accordance with MN Statute 148A.1.

## **TRAINING & CREDENTIALS**

1. Please list any degrees held and/or expected (student applicants please also complete the student addendum).

Institute: \_\_\_\_\_  
Major Field: \_\_\_\_\_

Degree: \_\_\_\_\_  
Year: \_\_\_\_\_

Institute:  
\_\_\_\_\_  
Major Field:  
\_\_\_\_\_

Degree:  
\_\_\_\_\_  
Year: \_\_\_\_\_

Institute:  
\_\_\_\_\_  
Major Field:  
\_\_\_\_\_

Degree:  
\_\_\_\_\_  
Year: \_\_\_\_\_

2. Please list field experience, internships, practica placements, and any other supervised clinical experience. *Attach a separate sheet if necessary.*

Agency:  
\_\_\_\_\_  
Client Population:  
\_\_\_\_\_

Dates: \_\_\_\_\_  
Approx. Contact Hrs:  
\_\_\_\_\_

Treatment Modalities:

Agency:  
\_\_\_\_\_  
Client Population:  
\_\_\_\_\_

Dates: \_\_\_\_\_  
Approx. Contact Hrs:  
\_\_\_\_\_

Treatment Modalities:

Agency:  
\_\_\_\_\_  
Client Population:  
\_\_\_\_\_

Dates: \_\_\_\_\_  
Approx. Contact Hrs:  
\_\_\_\_\_

Treatment Modalities:

**Agency:**

**Client Population:**

**Treatment Modalities:**

**Dates:** \_\_\_\_\_

**Approx. Contact Hrs:**

\_\_\_\_\_

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/Renew Date: \_\_\_\_\_

License Held: \_\_\_\_\_ State: \_\_\_\_\_ Start/Renew Date: \_\_\_\_\_

License Held: \_\_\_\_\_ State: \_\_\_\_\_ Start/Renew Date: \_\_\_\_\_

*\*Walk-In Counseling Center does not provide clinical supervision for licensure, and volunteers seeking licensure are expected to secure external supervision prior to volunteering.*

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

5. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, or an educational/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 or criminal 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.*

## **STUDENT TRAINEE ADDENDUM**



**For advanced graduate student applicants: Please provide the following information regarding your training institute and field/internship/practica placement:**

**Institute:**

**Degree:**\_\_\_\_\_

**Program:**

**Field Placement/Practicum Coordinator (Name, Phone, Email):**

**Number of hours required for field/internship/practica placement:**

**Direct client contact:**\_\_\_\_\_ **Total hours:**\_\_\_\_\_

**Anticipated duration of field/internship/practica placement (months):**

**Anticipated start**

**date:**\_\_\_\_\_

## **REFERENCES**

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

**Name:**

**Agency/Institution:**

**Phone:**

**Email:**

**Name:**

**Agency/Institution:**

**Phone:**

**Email:**

**Name:**

**Agency/Institution:**

**Phone:**

**Email:**

*Type name of Applicant*

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*Signature at the time of Interview*

*We will ask you to sign this application and a Release of Information at the time of an interview.*

## **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 Counseling Center rules and regulations. I agree to act in accordance with these ethical guidelines and any other rules or regulations adopted by Walk-In. I also recognize I am bound and held to the ethical and professional standards associated with my professional degree and license in accordance with the state board responsible for my licensure.

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 understand that a background check is conducted as part of the hiring process for this volunteer position and consent to that action. 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 Counseling Center 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 Counseling Center 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 counselor.

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Type name

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Signature

We will have you sign this form at the time of an interview.