



# 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 52 years we have provided free mental health and crisis counseling to help thousands of people and their loved ones 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.

**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 many **volunteer counselors and team consultants** to deliver high quality counseling to people with urgent needs; **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 at 24th and Chicago in Minneapolis, volunteers work in teams (several counselors, a team consultant and a clinic receptionist) during each counseling clinic. During the pandemic, they worked virtually but as we transition to in-person again, we will maintain virtual phone and internet.

Volunteer counselors see clients for two hours, then the team continues in team consultation for another two hours discussing the issues and challenges presented.

Typically community volunteers commit to one clinic on a bi-weekly (every other week) schedule. Students interns work on several clinics. Still other volunteers substitute. 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) afternoon and evening shift for at least 8 months.**

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## BECOME A VOLUNTEER

1. Visit our website (<https://walkin.org/volunteer/>) to learn more about the requirements of each of our volunteer positions.
2. Complete an application. (Access application at <https://walkin.org/volunteer/>, download and save it to your computer before completing it.
3. Submit your completed application (less your signature) vial email to Pang Chang, Director of Volunteers.
4. After we receive your application, we will review your information. If appropriate, we will contact you 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.

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



# 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 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:

Home  Cell  Work

Email:

Date of Birth:

Current Employer:

Position/Title:

Current Position is:

Full Time  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 indicate all team availability and 1st and 2<sup>nd</sup>

Day	Shift Time	Frequency	In Person	Virtual	Preference
<input type="checkbox"/> Monday Afternoon	12:45p – 5:00p	(weekly)	_____	_____	_____
<input type="checkbox"/> Monday Evening	5:15p – 9:30p	(bi-weekly)	N/A	_____	_____
<input type="checkbox"/> Tuesday Evening	5:15p – 9:30p	(bi-weekly)	N/A	_____	_____
<input type="checkbox"/> Wednesday Afternoon	12:45p – 5:00p	(bi-weekly)	_____	_____	_____
<input type="checkbox"/> Wednesday Evening	5:15p – 9:30p	(bi-weekly)	N/A	_____	_____
<input type="checkbox"/> Thursday Evening	5:15p – 9:30p	(bi-weekly)	N/A	_____	_____
<input type="checkbox"/> Friday Afternoon	12:45p – 5:00p	(bi-weekly)	_____	_____	_____

4. 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.*

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

Agency: Dates:

Client Population: Approx. Contact Hrs:

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/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.*

## **EMPLOYMENT EXPERIENCE**

1. 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 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.

2. 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.*

### **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:**

**Email:**

**Name:**

**Agency/Institution:**

**Phone:**

**Email:**

**Name:**

**Agency/Institution:**

**Phone:**

**Email:**



## **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.

**Type name**

**Signature**

**We will ask you to sign this form at the time of an interview.**