



## **Returning Veterans Project**

free counseling and other health services  
for returning veterans and their families

Dear Provider:

Thank you for your willingness to provide pro bono care to US Military Service members and their families as a volunteer provider with the Returning Veterans Project (RVP). We recognize this can be a difficult and complex task. To ensure that this is a successful experience, we provide the clinical guidelines and a Terms of Service Contract below.

*To become a provider, you will need to attend an Orientation Session.*

Orientation Sessions are offered at both lunch and evening times throughout the year. Upon receipt of your completed online application, we will email you with a list of available sessions.

### **Provider Requirements**

1. As one of our providers, you are limited to seeing veterans who have served in Iraq and Afghanistan and their family members.
2. You agree to provide pro bono treatment or support to one veteran and/or family member(s) at a frequency that matches the standards of your practice. It is up to you if you choose to work with more than one veteran or family member of Iraq or Afghanistan campaigns.
3. You agree to conduct your pro bono work with the same high ethical and professional standards as are used in your general practice.
4. You agree to be responsible for screening referrals to determine whether they are appropriate for your scope of training, otherwise referring them back to the project's directory.
5. You agree not to accept insurance payments from veterans and their families.
6. You agree not to publicly identify or represent yourself as a spokesperson of the project without prior permission from the Board of Directors.
7. You agree to educate yourself on the effects of trauma, war and the treatment of combat PTSD, and to know about veterans' benefits and how to refer veterans and families to these resources.
8. You agree to attend at least one training session a year provided by the Returning Veterans Project.

9. You agree to update your 'availability status' as it alternates between 'available' and 'not available' while working with a veteran and/or family member by emailing your updated status to [info@returningveterans.com](mailto:info@returningveterans.com).
10. You agree to keep track of your time spent in session with veterans and family members referred by RVP and make that information available when contacted twice a year for our Provider Survey.
11. You agree to submit copies of your license and professional liability insurance upon every renewal.

Please contact RVP with any questions or concerns you may have during your participation in the project by telephone at 503-402-1717 or by email at [info@returningveterans.com](mailto:info@returningveterans.com)

### **Available Support**

RVP provides trainings throughout the year.

Free consultation (to discuss troubling issues and successes) is currently available on the third Thursday of each month at 7:00 P.M. at 1020 SW Taylor Building, Suite 265, Portland, Oregon. We ask that you telephone Pat Chandler, LPC at 503-294-9076 or email her at [patchand@easystreet.com](mailto:patchand@easystreet.com), prior to each meeting you plan to attend. (Pat worked at the VA for 15 years specializing in PTSD and combat debriefing. She is a great resource!)

The RVP website provides links to additional resources pertaining to veterans' issues. This includes information on veterans' benefits.

RVP sends an E-newsletter a few times per month to keep you updated on conferences and topics of clinical interest to Providers as well as additional resources for veterans.

**Your contribution is greatly appreciated!**

**Please find our Provider Service Contract below. Please bring a signed copy of the contract and copies of your current license and professional liability insurance coverage to your scheduled Orientation Session.**

**Thank you.**

**Terms of Service Contract  
For Volunteer Providers of the Returning Veterans Project (RVP)**

By signing below, you warrant that you are a licensed or registered professional in good standing in the state in which you are practicing.

By signing below, you warrant that you are providing services in areas in which you are qualified to practice.

By signing below, you warrant that you have sufficient professional liability insurance coverage.

By signing below, you warrant that you will take all precautions to ensure that your relationship with the client is a safe, successful and ethical one.

By signing below, you warrant that you will stay in good standing with RVP by:

- attending at least one training a year
- participating in our Provider Survey two times a year
- submitting copies of your license and insurance coverage with each renewal
- change your availability to new clients status as it fluctuates

**Please sign and date below.** Please bring this form along with a copy of your license and current professional liability insurance coverage to your Orientation Session or you may submit by mail or email to the addresses below.

Our mailing address is:  
Returning Veterans  
907 NE Thompson  
Portland, Oregon 97212

email: [info@returningveterans.com](mailto:info@returningveterans.com)  
website: [returningveterans.org](http://returningveterans.org)

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Printed Name

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Signature

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Date