SOFAR

Strategic Outreach to Families of All Reservists

	Yes	No
Are you interested in continuing as a SOFAR volunteer? If the answer is yes, please respond to the following:		
I want to accept therapy referrals.	Please Circle all populations with which you work: Adults, Adolescents, Children, Couples, Families Groups	
I want to participate with Family Readiness Groups		
I want to be trained to work with Family Readiness Groups? Would you do so if we provided training		
I want to run children's group during the Family Readiness Meetings		
I want to speak to other volunteers, or military support groups?		
I want to be a trainer to train other volunteers from other state		
I want to participate in workshops on issues for families that are connected to the Reserve and Guard		
Please indicate any other services you want to provide for SOFAR		

Name Degree License #

Address City State Zip code

Telephone Office Home

Email Affiliation

Fax or mail to SOFAR, PO Box920781, Needham, MA 02492
Fax: 781 433-0510 e-mail:help@sofarusa.org Voice: 617 266-2611
www,sofarusa,org along with copy of your professional license, a copy of the face sheet of your malpractice insurance policy and the ethical questionnaire.