Thank you for your interest in joining the Returning Veterans Project as a volunteer provider. In order to volunteer and support our veterans and military communites in Oregon and Southwest Washington, the Returning Veterans Project requires you to sign a **Provider Agreement**.

Please review the following guidelines to determine if joining the Returning Veterans Project is a good fit for your practice. We hope you will help us support veterans, service members, and their families with critical mental health and physical health services.

Please note:
"Returning Veterans Project Clients" includes those who are post-9/11 war zone veterans and active duty service members; Oregon/Washington National Guard members and veterans; Reservists from all services branches; and military spouses, children, parents, siblings, grandparents, and other direct family members.

"Returning Veterans Project Volunteer Providers" denotes those who are currently licensed in good standing, carry malpractice insurance, and are agreeing to offer their mental health or physical health services as a volunteer (i.e. at no cost to Returning Veterans Project Clients).

Provider Agreement

As a Returning Veterans Project Volunteer Provider, you agree to:

1. Provide free, volunteer treatment and support to at least one Returning Veterans Project Client. If you choose, you may serve more than one client.

2. Adhere to the same ethical and professional standards as any other client you serve in your general practice, provide services appropriate for the specialty that you are licensed to practice, and maintain your license in good standing in the state in which you practice.

3. Never accept insurance and/or payments from a Returning Veterans Project Client. Services must always be at no cost to the client.

4. Be responsible for screening referrals from the Returning Veterans Project to determine if the client is an appropriate match for your scope of training, education, and experience.

5. Refer anyone you are unable to support, for any reason, to the Returning Veterans Project by calling our office at 503-954-2259 or directing them to our website at returningveterans.org so that they can be appropriately referred to another volunteer provider.

6. Complete the Returning Veterans Project phone orientation with a staff member and a two-hour online orientation within one month of submitting your application.

7. Regularly update your availability status in the provider online system to **accepting**, or **not accepting**, new clients. This information is critical to ensure the Returning Veterans Project has an up to date understanding of which volunteer providers in the network are available to accept new clients.

8. Utilize the provider online system to record your visits with veterans, service members, and family members referred by the Returning Veterans Project. This information must be recorded **monthly**.

9. Keep the Returning Veterans Project informed of any changes in your contact information. This includes your email address, phone number, and office address.

10. Provide a copy of your professional malpractice insurance each year in a timely manner.

11. Educate yourself about current veterans' issues and military culture. Opportunities for trainings, including continuing education credits, are provided for free by the Returning Veterans Project throughout the year.

12. Refer any contact by a member of the news media directly to the Executive Director of the Returning Veterans Project. The Returning Veterans Project's policy is that all media inquiries must be responded to by the Executive Director or the Chair of the Board of Directors.

13. Contact Returning Veterans Project staff with any questions or concerns related to your volunteer support via email (mail@returningveterans.org) or phone (503-954-2259) Monday through Friday from 9:00 am to 4:30 pm.

If you agree with the provisions outlined within the Provider Agreement, please sign, date, and submit this document along with your online application. A Returning Veterans Project staff member will be in touch with you as soon as possible.

_____

Printed Name

_____

Signature

_____

Date