Northeastern State University
Department of Psychology & Counseling

Seeking Volunteer Clients for Counseling During the Spring Semester

During the Spring semester, our master's level counseling students will be completing a course titled "Practicum" in which they will be conducting free counseling sessions with volunteer clients (adults, adolescents, or children with parental consent). Students in this course are pursuing a master's in counseling which meets the educational requirements for licensure or certification in the state of Oklahoma. Students are supervised by the Practicum instructor throughout the Spring semester. If you are considering being a volunteer client, please read the following:

- Volunteers cannot be currently participating in counseling w/another professional.
- Volunteers may receive multiple sessions (depending upon desire & availability) with a counselor-in-training. Volunteers with be treated with respect and dignity.
- Volunteers need to bring a problem or concern to the counselor-in-training that is not severe. More severe problems need to be handled by a professional. Those diagnosed with a chronic mental disorder will not be appropriate for these sessions due to the limited training of the counselor.
- Volunteers are aware that the counseling session is being audio and videotaped and that the recorded sessions will be played in Practicum class among other counselors-in-training for learning purposes. Confidentiality (your right to privacy) will be respected. Videos & other associated documentation will be destroyed at the end of the semester.
- Volunteers are not evaluated, only the counselor-in-training is evaluated.
- Volunteers can decide to withdraw as a volunteer at any time and/or for any reason without penalty (please discuss with counselor-in-training).

Counseling sessions typically last 50 minutes for adults and may be shorter for minors.
If interested, please complete your contact information below.

Name: _____ Gender: M F Age: _____
Contact Information (phone and email): _____

I would prefer my counselor-in-training to be (please check one) _____male _____female

Please indicate who the counseling would be for: _____self _____child or adolescent

Please return this form to either the Practicum student or professor.
Practicum Supervising Professor: _____
Supervising Professor's signature and contact info

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