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| **Western Mental Health Center*** **Name of Agency/Organization::** Western Mental Health Center
* **Street Address::** 1212 East College Drive
* **City::** Marshall
* **State::** Minnesota
* **Zip Code::** 56258
* **Phone Number::** 507-532-3607
* **Fax Number::**
* **Website Address::** http://www.wmhcinc.org/
* **Mission of Agency/Organization::** To promote and advance mental health, to treat persons with mental health or related needs, and to provide collaborative and educational services to the community.
* **Problem/Issue Addressed :** Mental Health Promotion
* **If you checked other, please provide a brief description::**
* **Group/Population Served (Please check ALL that apply.):** Women, Men, Seniors
* **If you checked other, please provide a brief description::**

**Contact Person for Volunteer Opportunities*** **Contact Name::** Sarah Ackerman
* **Email Address::**
* **Phone Number::** (507) 532-3236

**Volunteer Opportunity Specifics*** **Duration::**
* **Please list special requirement/skills for volunteers:**
* **Please describe the volunteer opportunity in detail:** Volunteers are needed to be neighbors and provide emotional support to elderly community members struggling through a tough time.
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