



Application to Serve as a Volunteer Practitioner

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Preferred Method of Contact: Email Text

Professional

Modalities/Skills: _____

Website, if applicable: _____

Copy of licensure or certification attached Yes No Not applicable

References

Name: _____ Email/phone: _____

Is this a Professional reference Personal reference

Name: _____ Email/phone: _____

Is this a Professional reference Personal reference

Legal

I agree to the Stone Soup Project Professional Standards. Yes No

My professional license is current (if applicable.) Yes No

The following information will be used only for criminal background check:

Date of Birth: _____ SSN: _____

Are your records in another name? _____

Availability: _____

All services will be offered as a group in a public setting. Are there any settings or populations in which you would prefer to not assist? _____

I agree to pay a \$25 application fee for SSP t-shirt and background check. Yes No



Date

Signature

Please return application to Stone Soup Project % The Reiki Center,
1540 West Fifth Avenue, Columbus, OH 43212