

Holistic Health Community PRACTITIONER VOLUNTEER APPLICATION



Dear Prospective Volunteer,

Thank you for your interest in volunteering with the Holistic Health Community. We are grateful that you would like to join us in *our mission to facilitate access to holistic healthcare for all.*

Applications from volunteer practitioners to see patients/clients need the following for completion:

- ⊙ Professional Curriculum Vitae or Resume
- ⊙ Application form
- ⊙ Copies of state licenses and/or certifications and/or license to touch (Ordination)
- ⊙ Letters and/or contact information from 2 references
- ⊙ Holistic Health Community Code of Conduct signed

Volunteer applications, when complete, may be mailed to this address:

Ms. Cornelia Wathen
Coordinator of Community Holistic Healthcare Days
For the Holistic Health Community
24 Woodland Road
Stone Ridge, NY 12484

If you have questions or need help completing the application you may call Cornelia Wathen at 845-657-4137.

Thank you for striving to make a difference in the health care of our community!

Sincerely,

Cornelia Wathen

Holistic Health Community PRACTITIONER VOLUNTEER APPLICATION



HOLISTIC HEALTH
COMMUNITY

APPLICATION

Date:

Full Name:

Preferred Name:

Address:

City:

State:

Zip:

Phone Home:

Work:

Cell:

E-mail:

Date of Birth:

Preferred method of contact (please X one):

Home Work Cell Email

Emergency Contact:

Emergency Contact's Phone:

What other languages do you speak besides English?

What skills would you like to contribute to the Holistic Health Community (for example: customer service, computer skills, grant writing, medical doctor, osteopath, nurse midwife, physician assistant, nurse practitioner, chiropractor, herbalist, acupuncturist ...)?

Why do you want to volunteer for the Holistic Health Community?

What would you like us to know about you (for example: special needs, time limitations, activity restrictions, career goals ...)?

**Holistic Health Community
PRACTITIONER VOLUNTEER APPLICATION**



APPLICATION (pg 2)

Employment & Education: **Please attach your resume or professional CV and brochure*
Occupation:

Put an X in front of applicable status:

Employed Self-employed Un-employed Retired Student
 Other

Do you have any of the following certifications? CPR BLS ALS PALS Other (please list):

Licenses & Certifications: Type of License, State of Licensure, License Number, Date of Expiration

- 1.
- 2.
- 3.

Malpractice Insurance

Do you currently have a malpractice insurance policy? Yes No

*Thank you for your application.
We value your willingness to serve your community.*

ORDINATION

Church of Spiritual Humanism

<http://www.spiritualhumanism.org/>

Holistic Health Community

PRACTITIONER VOLUNTEER APPLICATION



CODE OF CONDUCT for practitioner volunteers

- ⦿ Shall apply to all practitioner volunteers involved with any aspect of the functioning, operations or committee activities of the Holistic Health Community.
- ⦿ To comply with professional standards: All licensed health care practitioners shall practice within their scope of practice as outlined in applicable New York State licensing regulations. Any practitioner not bound by licensure shall be ordained, and shall practice according to applicable national standards set forth by any professional organizations relevant to their area of practice or expertise.
- ⦿ Each practitioner is responsible to have on file with the HHC a *current* license, certification or ordination. If any practitioner loses a health care license or is not a member in good standing within their field or does not have a license to touch within the state of New York, that practitioner must immediately withdraw any affiliation with the Holistic Health Community.
- ⦿ To comply with privacy regulations: Client confidentiality shall be maintained at all times. No client information shall be discussed in any public area. Any practitioner not directly involved in any given client's care shall not access patient medical records; the only exception is when records are reviewed confidentially among the volunteer practitioners on the client's behalf in accordance with the Informed Consent and Release.
- ⦿ The primary purpose of Community Holistic Healthcare Days is to provide a community service; practitioners are not there with the primary purpose of building their practices. An area is designated for professional cards, brochures and other information.
- ⦿ For legal agent reasons: No practitioner or volunteer shall promote his or her expertise in the community in conjunction with his or her participation in the work of the HHC unless the circumstances of such promotion have been approved by the Board of Directors of HHC.
- ⦿ All volunteers shall conduct themselves in a professional and ethical manner at all times and in any aspect of the HHC operations or committee activities. All actions, verbal or written interactions and other behavior shall be such that the integrity of the HHC is maintained at all times and that such actions and behaviors do not impede the process of the HHC toward achieving its goals and mission. Concerns about operations, activities and/or volunteers shall not be discussed outside appropriate committee activities. Professionalism shall also be applied to the dress code for all volunteers at HHC events.
- ⦿ The HHC Board of Directors is responsible for reviewing concerns expressed by any volunteer or client, for conflict resolution and for problem solving and shall work to maintain the confidentiality and the dignity of any individual involved. This process shall include an impartial and objective review of all aspects of the concern involved.
- ⦿ No criminal behavior (such as theft or diagnosing without a license); no practicing without a license or ordination; and no discriminatory or prejudicial behavior, actions or speech shall be tolerated at any time. Any such activity shall be cause for immediate suspension of the volunteer involved with follow-up and final recommendations to follow as appropriate.

Holistic Health Community PRACTITIONER VOLUNTEER APPLICATION



HOLISTIC HEALTH
COMMUNITY

CODE OF CONDUCT for practitioner (continued)

I, *[name]* _____

,with a practice located at *[address]* _____

am a practitioner of *[modality]* _____

and from time to time at my discretion, I volunteer my time at Community Holistic Healthcare Days organized by the Holistic Health Community at the Marbletown Community Center in Stone Ridge, New York. I have received a copy of the Holistic Health Community ***Code of Conduct***, and as a volunteer, and by my signature below, I have read, understood and agreed to follow it. I understand that any clients I see at the Community Holistic Healthcare Days are my private clients and that I am responsible for maintaining any appropriate records related to my services for these clients and for all other responsibilities that come with such a relationship. I understand that I may decline to see or treat a client, choose the manner of treatment, decide on the length of appointments and other matters, since this volunteer service is part of my practice.

SIGNATURE AND TITLE (if appropriate)

DATE

Holistic Health Community PRACTITIONER VOLUNTEER APPLICATION



Letter of Reference page 1

Volunteer Candidate's Name:

Address:

Phone:

Requested Position:

Reference Name:

Address:

Phone:

Length of time known candidate:

The Holistic Health Community is a nonprofit collection of holistic health care providers and other volunteers who offer their services to assist people holistically with their health problems during our Community Holistic Healthcare Days. Our mission is to serve our community by promoting wellness and healthy living. Insurance coverage is not needed. Services for the healthcare may be returned in kind by time bank hours, volunteer hours, or other local community service.

HHC has an application process that asks each applicant to provide copies of any licenses, certificates, and ordination. Two letters of reference are asked of each volunteer. The above volunteer has submitted you as one reference. We keep the information as confidential as possible but if you are uncomfortable with your responses being written and submitted or if you wish to contact us about anything, please feel free to call either

Ms Cornelia Wathen at 845-657-4137 or Dr Nancy Eos at 845-292-0522.

Please answer the questions on the following page. Please elaborate at length in the space below and on the back of this page. Please send completed letters to:

Cornelia Wathen, 24 Woodland Road, Stone Ridge, NY 12484

Thank you.

**Holistic Health Community
PRACTITIONER VOLUNTEER APPLICATION**



Letter of Reference page 2

Please answer the following questions:

1.) Is the above Volunteer Candidate one whom you support as compatible with the HHC mission?

2.) Is there any reason you know of why this person would be a detriment to the organization?

3.) If the person is applying to be on the Staff of Practitioners of HHC: Have you any experience with this Candidate's healing work? Are there any problems?

SIGNATURE OF REFERENCE

DATE

*Please send completed letters to:
Cornelia Wathen, 24 Woodland Road, Stone Ridge, NY 12484*

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ORIENTATION FOR NEW PRACTITIONERS

Our Community Holistic Healthcare Days are the Third Tuesday of every month. Please let Cornelia know each month whether or not you intend to work. We ask that you make a commitment for the full four hours if you wish to volunteer. Cornelia will let you know if there is space available when she hears from you, and she will send you a floor plan of locations for practitioners on the morning of Healthcare Day.

You will be seeing clients as an extension of your own private practice. Therefore, please bring your own intake forms for the clients assigned to you. Also bring your own massage table if you use one.

Please take time to view this YouTube of an In-Service Training we sponsored for our volunteers with Tamara Cooper of Family of Woodstock who is head of their Hot Line program. Tamara advised us concerning how to deal with suicidal and other emergency patients. We ask that all volunteers who did not attend the training view the [YouTube](https://www.youtube.com/watch?v=hVIieuJKZlQ&list=PLfnbdFFhmvrG6Ge35ra5FzWVS6hNIuHhf). <https://www.youtube.com/watch?v=hVIieuJKZlQ&list=PLfnbdFFhmvrG6Ge35ra5FzWVS6hNIuHhf>

Please do not use the HHC email list for sending out your own communications. If you are a practitioner, we are happy to send out notices about workshops you are doing locally twice a year. Please send your notice to Cornelia (cornelia@corneliawathen.com).

COMMUNITY HOLISTIC HEALTHCARE DAY SCHEDULE:

3:15 Arrive and set up your space. HHC supplies table paper, head cradle paper, hand cleaner, and acupuncture needles. We also provide food for practitioners in the kitchen.

After unloading your equipment, **please park your car in the rear lot of Marbletown Hardware Store or at The Roost (along the side road or in the back)**. This is to make space for our patients' cars in the parking lot

3:40 Opening Circle in the Lounge

4:00 Doors open to patients. Once the doors are open, please keep the healing room quiet.

Your first client will be brought to your table/space.

You have the right to decline any client.

If you have medical or psychological concerns about any client, you are welcome to interrupt Dr. Eos at any time to ask her advice.

When your sessions are complete, please escort your clients back to the Lounge area either to schedule a second appointment or to check-out. (Clients who see a hands on healer, may see the holistic doctor or a psychological practitioner in addition.) Then check with the Scheduling Station for your next patient.

If you finish early, please do not clean up until 8:00, as some patients will still be receiving treatments.

Please keep the area quiet, and help by holding the space.

8:00 Begin clean up (finish after closing circle).

8:10 Closing Circle in the Lounge.