



Application to Serve as a Volunteer Practitioner

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

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? _____

Other: _____

Date

Signature



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

(rev. Oct. 2014)