

Energy Partners program Enrollment Form

Name _____ Phone #(s) _____

Address _____

City, State, Zip _____ E-mail _____

Training – Energy or Body Work: Please list all Reiki and Healing Touch classes you have taken, and other modalities you are trained in. If available, attach copies of Reiki and Healing Touch certificates of completion.

Modality	Class level	# hrs of class	Teacher name	Date of class
(Example: Reiki	Second Degree Class	8 hrs	Jane Doe	4/02)

Education/Licenses:

Mark highest level completed: Grade School _____, High School _____, Some College _____.
 College Degree _____. Some Grad School _____, Grad Degree _____, Post Grad _____

List education or training that may assist you in this program. _____

List any health care licenses that you hold:

Type of License	License No.	State
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Experience: Please list the approximate number of years and/or months you have practiced.

Healing Touch: Years _____ Months _____. Reiki: Years _____ Months _____

Approximately how many Reiki or HT sessions did you give in the past 2 years? _____

Where have you practiced? Home _____, Professional Office Space _____, Medical Facility _____

List experience working with seriously ill patients, family, or friends: _____

List any Reiki or Healing Touch classes you have taught:

Reiki or Healing Touch	Number of classes taught	Class Level Taught
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List volunteer and/or leadership experience: _____

Availability: Employment: None _____ Part time _____ Employer _____

Days and times when you would be available as a Provider: _____

(Turn over page)

What is your current physical and emotional health status? _____

Do you have any physical limitations that could effect your participation in this program? _____

Do you have any concerns associated with working with cancer patients? _____

Have you ever experienced a loss through death? If so describe briefly. _____

Please describe your self-care program. _____

Tell us why you would like to participate in this volunteer program. _____

References: Please list three professional references (colleagues and teachers):

Name	Address	Phone	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Liability Insurance: Do you carry professional liability insurance? Yes ___ No ___ Plan to obtain ___

We conduct criminal background checks on all staff and volunteers in this program. The following information will be used for that purpose only and is kept strictly confidential.

Please print your full legal name _____
(First, Middle, Last)

Social Security # _____ Birth Date _____
Day/Month/Year

The information on this form is correct and true to the best of my knowledge. In addition, I give permission for LifeSpark to conduct a criminal background check on me. I also give permission for photos to be taken during training seminar and events to be used in service for LifeSpark.

Signature Date

Thank you for taking the time to fill out this form and for your interest in Energy Partners. Send completed form to LifeSpark, 355 S. Teller St, Ste 200, Lakewood, CO 80226 Questions? Call Sandy at 303-425-5670.