

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

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

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 (supervisors, colleagues, teachers, clients). We prefer to have at least one reference who is familiar with your Reiki or Healing Touch work.

Name	Relationship (teacher, client, etc)	Email (or other contact method)
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We conduct criminal background checks on all staff and volunteers in this program. We will be asking for the following information on Friday night of the seminar. Social Security and Date of Birth.

Please print your full legal name _____

(First, Middle, Last)

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 the seminar and other LifeSpark events to be used to market and support our programs.

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.