

# 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
- ⊙ HHC 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

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**



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.*

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**ORDINATION**

Church of Spiritual Humanism

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

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***This Agreement 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 healthcare 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 Holistic Health Community a *current* license or certification and 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 and other healthcare events sponsored by the HHC, 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 Holistic Health Community unless the circumstances of such promotion have been approved by the Board of Directors of the Holistic Health Community.
- ⊙ All volunteers shall conduct themselves in a professional and ethical manner at all times and in any aspect of the Holistic Health Community operations or committee activities. All actions, verbal or written interactions and other behavior shall be such that the integrity of the Holistic Health Community is maintained at all times and that such actions and behaviors do not impede the process of the Holistic Health Community 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 Holistic Health Community events.
- ⊙ The Board of Directors of the Holistic Health Community 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 certification and 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.



**Agreement between the Holistic Health Community Inc.  
and Practitioners offering services at HHC events**

I, \_\_\_\_\_, with a practice located

at \_\_\_\_\_

am a practitioner of \_\_\_\_\_

and from time to time at my discretion, I volunteer my time at Community Holistic Healthcare Days in Stone Ridge, New York, at Virtual Community Holistic Healthcare Weeks offered by phone and zoom, or at Holistic Healthcare Events that are a part of the HHC Outreach Program, organized by the Holistic Health Community. I have received a copy of the **Agreement between the Holistic Health Community Inc. and Practitioners offering services at HHC events**, 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 or the Virtual Holistic Healthcare Weeks by phone or zoom, or the HHC Outreach Program events 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



HOLISTIC HEALTH  
COMMUNITY

*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 (HHC) is a not-for-profit 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.

Appendix A, Pg 11

**Holistic Health Community  
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*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?

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SIGNATURE OF REFERENCE

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DATE

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