



**HOLISTIC HEALTH  
COMMUNITY**

**A Guide to  
Starting and  
Sustaining a  
Holistic Health  
Community**

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## INTRODUCTION

The Holistic Health Community (HHC) began when three local women, each holding the dream of starting a local, holistic health community, met each other in 2011 at a Transition Town training. Less than a year later, we offered our first Community Holistic Healthcare Day on the Spring Equinox of 2012, and our first Holistic Self-Care Class shortly thereafter. Since then, we have grown into an active community of about 80 volunteers, and our newsletter is emailed to more than 1,500 people. Following are some of our on-going activities:

**Free Community Holistic Healthcare Days** take place on the third Tuesday of every month at our local Community Center. Holistic practitioners and community members volunteer their services from 4:00–8:00 PM. Though no money or insurance is required, HHC invites patients to give a donation or to pay it forward. No one is turned away.

**Free Holistic Self-Care classes** take place on the first Thursday of each month, 7:00–8:30 PM, at our local Community Center. Holistic healers teach ways in which clients can help themselves.

**Free Special Events**, including speakers and workshops related to expanding consciousness and exploring holistic health, are periodically offered at various venues.

**We Co-Sponsor Films** in collaboration with our local theater. These films deal with topics related to all aspects of well-being.

Based on seven years of operation and the periodic fine-tuning of our procedures, we have prepared this manual to assist you in creating your own Healthcare Day. We have also produced a documentary film to give you a clear vision of what we are doing and how it benefits both clients and volunteers. You can view it on our YouTube channel ["The Holistic Health Community; An emerging model of healthcare based on the Economics of Generosity"](#)

## OUR SHARED VALUES

**Holistic Healthcare:** We advocate healthcare that addresses body, mind, emotion and spirit, and that favors the least invasive modalities whenever possible.

**Unconditional Love:** The essential heart of health and healing is love; it is the foundation of trust and transparency in human interaction.

**Collaboration:** The healer and the patient are equal partners in the healing process and their interaction is one of deep listening and mutual respect.

**Empowerment:** We all have the capacity to heal. Holistic healthcare empowers this capacity in both the healer and the patient.

**Self-Realization:** Everyone is capable of being in touch with the field of all Knowledge. We seek to fulfill our highest potential and to inspire others to do the same.



## GETTING STARTED

Here is how we got started, and suggestions for what you can do:

1. We found an appropriate space for the Holistic Healthcare Days in our local Community Center that is offered to us free of charge. Adequate, free space might also be found in churches or schools.
2. We organized a Town Meeting and invited the public to attend. Our local newspaper wrote an article about the meeting and our intentions. This meeting was important to spread the word and develop interest.
3. At a venue such as this, you can show our documentary film about HHC to demonstrate what a holistic health community can achieve.
4. We collected names of potential practitioners and administrative volunteers. With this group of interested people, we continued to hold additional meetings.

## ORGANIZATION

We recommend that you obtain legal advice as to the type of organization you would like to form in order to avoid any potential liability. Initially, we operated under the aegis of a fiscal sponsor. Subsequently we achieved the status of a 501(c)3 not-for-profit corporation in New York State. Donations can be received under both scenarios.

Given the regulations pertaining to New York State, and based on legal advice, we do not refer to Healthcare Day as a medical clinic. Doing so would require that we assume legal liability as well as other unacceptable requirements. Therefore, we require practitioners to treat clients as an extension of their own private practices. If practitioners require in-take forms from clients they see for the first time, these forms, plus all medical records, are kept by them. The only forms we keep on clients are the Consent and Release forms that they fill out.

## APPLICATION PROCESS FOR PRACTITIONER VOLUNTEERS

We require all our Practitioner Volunteers to be either licensed by New York State or ordained as ministers, giving them legal license to touch their clients. We require that they fill out an Application Form and a Code of Conduct form. We also ask for a copy of their licenses and/or ordinations, their certifications, two letters of recommendation and a resume.

*See Appendix A for examples of application forms for Practitioner Volunteers*

## APPLICATION PROCESS FOR ADMINISTRATIVE VOLUNTEERS

Vital to the functioning of Healthcare Day are the Administrative Volunteers, who take on a variety of duties. The application process requires that they fill out an Application Form, and provide two letters of recommendation. These volunteers meet as a group from time to time to discuss procedures, difficult situations or clients, and ways to improve.

All of the Practitioner and Administrative Volunteers are interviewed and thoroughly vetted before participating in Healthcare Days.

*See Appendix B for examples of application forms for Administrative Volunteers.*

## WELCOMING AND PROCESSING CLIENTS

We hold Holistic Healthcare Days from 4:00 to 8:00 on the third Tuesday of every month. These early evening hours have been the most convenient for both clients and practitioners. We have a numbered sign up sheet on a bulletin board outside the building. A number of clients arrive before the doors open, so we ask them to sign up in the order of their arrival.

We set up chairs on the porch of the building, and place the following on some of the chairs:

- A list of all practitioners working that day and their modalities.
- A notebook describing all of the modalities offered by our practitioners

A half hour before the doors open, Administrative Volunteers come out on the porch and give the clients folders containing forms to fill out.

Clients coming for the first time in the current calendar year are given a red folder containing:

- An Informed Consent and Release Form (signed once a year)
- An Anonymous Survey Form (filled out once a year)
- A Modality Preference Form

Clients who have attended a prior Healthcare Day in the current calendar year are given a yellow folder containing:

- A Modality Preference Form
- A Change of Information Form

We use these forms to update our list of clients who have come during the current year. The statistics we compile from the survey forms give us valuable demographic information about the clients we serve.

*See Appendix C for examples of all the Healthcare Day forms.*

We have four Stations to process our clients, all carried out by Administrative Volunteers:

- The WELCOME station
- The CHECK-IN station
- The SCHEDULING station
- The CHECK-OUT station

Fifteen minutes before the doors open, volunteers bring the first fifteen clients into the waiting area to be scheduled for practitioners to begin working on their first clients immediately after the doors open. We found that quite a few clients would arrive early to get their preferred practitioners, so we began holding a lottery with the first 15 clients, scheduling them in the order of the numbers they pull out of a bowl. We do this to encourage the spirit of non-competitiveness, hoping that if their favorite practitioner is not available, they will be willing to try something or someone new.

## ***WELCOMING AND PROCESSING CLIENTS (continued)***

Once the doors are open, clients are processed on a first come first served basis. They are greeted at the **Welcome Station** where they are given a folder. A number is clipped to their folder, numbers following the first 15 who have already been processed by lottery.

Clients are called up to the **Check-In Station** where volunteers check to make sure all their forms are filled out correctly and signed. A Flow Slip (with the client's name and number) is attached to their folder, and their folder is passed on to the Scheduling Station. Clients are then called up to the **Scheduling Station** by their first name, and are assigned to their choice of practitioner if available, or to an alternative practitioner if their first choices are not available. The length of time required for each practitioner to perform their treatment varies, depending on the modality. Some practitioners require as little as 30 minutes, while others may require as long as 90 minutes. Practitioners will generally take a short dinner break in the kitchen, where a meal is provided. We have 2 Administrative Volunteers who do the scheduling.

A volunteer escorts each client from the Scheduling Station to their practitioner for the first round of sessions.

After their first session, practitioners bring their clients to the Check-Out Station and check in with the Scheduling Station to pick up their next client.

At the **Check-Out** station, clients are asked to fill out a Your Experience form, giving us feedback about their experience during Healthcare Day (see Appendix C). After Healthcare Day, we summarize the feedback and send it to all members of the Board. We also send it to all our volunteers, although we replace the practitioners' names with numbers to maintain confidentiality.

Though no money or insurance is required at Healthcare Day, at the Checkout station clients are invited to give a donation or to pay it forward.

## **POLICIES AND PROCEDURES**

Over the years of our operation, we have tweaked our policies and procedures many times, trying to find what works best.

*See Appendix D for our most up to date policies and procedures.*

**Should you have any questions, feel free to contact us.  
We invite you to stay in touch, keep us informed about what you are doing,  
and join us in a network of Holistic Health Communities.**



**HOLISTIC HEALTH  
COMMUNITY**

# **APPENDIX A**

## **Volunteer Practitioner Forms**



# 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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# 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  
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## ***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 (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.

**Holistic Health Community  
PRACTITIONER VOLUNTEER APPLICATION**



**HOLISTIC HEALTH  
COMMUNITY**

*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*

Appendix A, Pg 12



**HOLISTIC HEALTH  
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# **APPENDIX B**

## **Administrative Volunteer Application Form**

# Holistic Health Community ADMINISTRATIVE 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 administrative volunteers need the following for completion:

- ⊙ Completed Application Form
- ⊙ Professional Curriculum Vitae or Resume
- ⊙ 2 Letters of reference
- ⊙ RVHHC Code of Conduct signed

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

Ms. Donna Nisha Cohen  
Coordinator of Administrative Volunteers  
For the Holistic Health Community  
70 Duck Pond Road  
Stone Ridge, NY 12484

If you have questions or need help completing the application you may call Donna at 845-687-4836.

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

# Holistic Health Community ADMINISTRATIVE VOLUNTEER APPLICATION



Date:

Full Name:

Preferred Name:

Address:

City:

State:

Zip:

Home Phone:

Mobile Phone:

Work Phone:

E-mail:

Birthday:

Preferred method of contact (please circle one):    Home        Work        Cell        e-mail

Emergency Contact:

Phone:

What other languages do you speak besides English?

What skills would you like to contribute to the Rondout Valley Holistic Health Community (for example: customer service, computer skills, grant writing)

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

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

Employment & Education        \*Please attach your curriculum vitae

Occupation:

Circle applicable status:    Employed    Self-employed    Un-employed    Retired    Student    Other

# Holistic Health Community ADMINISTRATIVE VOLUNTEER APPLICATION



## ***Letter of Reference***

Administrative Volunteer Candidate's Name:

Reference Name:

Address:

Phone:

Email:

Length of time known candidate:

The Holistic Health Community, Inc. (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 volunteer hours, or other local community service.

HHC asks each applicant to provide two letters of reference. 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 Ms Donna Cohen at 845-430-0351 .

Please answer the following questions (use the space below and on the back of this page).

- 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?

Please send completed letters to:

Donna Cohen, 70 Duck Pond Road, Stone Ridge, NY 12484

Thank you.

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*Signature of Reference*

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*Date*

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# Holistic Health Community ADMINISTRATIVE VOLUNTEER APPLICATION



## CODE OF CONDUCT for Administrative Volunteers

- ⊙ Shall apply to all administrative volunteers involved with any aspect of the functioning, operations or committee activities of the Rondout Valley Holistic Health Community.
- ⊙ To comply with privacy regulations: Client and member confidentiality shall be maintained at all times. No client information shall be discussed in any public area. Only practitioners directly involved in any given client's care shall access client medical records.
- ⊙ For legal agent reasons: No 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 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, administrative volunteers or practitioner volunteers shall not be discussed outside appropriate committee activities. Professionalism shall also be applied to the dress code for all volunteers.
- ⊙ 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 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.

I, \_\_\_\_\_ have received a copy of the Holistic Health  
PLEASE PRINT

Community Code of Conduct for Administrative Volunteers, and as a volunteer, and by my signature below, I have read, understood and agreed to follow it.

\_\_\_\_\_  
*Signature and Title (if appropriate)*

\_\_\_\_\_  
*Date*



**HOLISTIC HEALTH  
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# **APPENDIX C**

## **Healthcare Day Client Forms**

# Holistic Health Community

## Client Information and Informed Consent and Release



Name *Last* \_\_\_\_\_ *First* \_\_\_\_\_ Age \_\_\_\_\_  
*Please Print*

(Street or PO Box) \_\_\_\_\_ (Apartment #) \_\_\_\_\_

(Town or City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email address: \_\_\_\_\_

I understand that each individual practitioner I choose to see will be responsible for keeping my records, if any, in compliance with the Health Information Portability and Accountability Act (HIPAA). HHC, Inc. does not maintain any medical records. The only exception is that I agree to allow my records to be reviewed confidentially among the volunteer practitioners on my behalf.

I acknowledge that I am coming to the Community Holistic Healthcare Day by my own choosing. I am aware that there are risks in accepting service of any kind, whether conventional or holistic, and I understand there are no guaranteed results through the use of any service that I might choose to receive. I accept responsibility for those risks.

I acknowledge that if I bring a child to the Community Holistic Healthcare Day, I am responsible for him/her at all times, even while receiving treatment.

I hereby release, waive, and discharge HHC, Inc., their successors and assigns, associated practitioners, administration, employees, and volunteers, and the Town of Marbletown from any and all liability and/or from any and all claims which may result from my attendance at Community Holistic Healthcare Day.

I understand that narcotics are not allowed at a Community Holistic Healthcare Day and that no volunteer practitioner will be prescribing them.

By voluntarily signing:

- (1) I hereby confirm that I have read, or have had read to me, the **Informed Consent and Release**;
- (2) I intend for this Informed Consent and Release form to cover the entire course of activity by volunteer practitioners and administrative volunteers at the Community Holistic Healthcare Days;
- (3) I hereby authorize the independent volunteer holistic practitioners I choose to see at the Community Holistic Healthcare Days to administer treatment I choose.

I understand the above information.

\_\_\_\_\_  
*Signature of client, parent or legal guardian*

\_\_\_\_\_  
*Today's Date*



Holistic Health Community

**CHANGE OF INFORMATION FORM**

Did your information change since your last visit to us? If so, Please enter the new information below. Are you receiving our emails? If not, please re-enter your email address, printing very clearly.



**HOLISTIC HEALTH  
COMMUNITY**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street or PO Box: \_\_\_\_\_

Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

You may email me about events: YES \_\_\_\_\_ NO \_\_\_\_\_

Holistic Health Community

**CHANGE OF INFORMATION FORM**

Did your information change since your last visit to us? If so, Please enter the new information below. Are you receiving our emails? If not, please re-enter your email address, printing very clearly.



**HOLISTIC HEALTH  
COMMUNITY**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street or PO Box: \_\_\_\_\_

Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

You may email me about events: YES \_\_\_\_\_ NO \_\_\_\_\_

## HHC ANONYMOUS SURVEY

In order for the RVHHC to have some understanding about the clients who attend Community Healthcare Day, and to provide data for RVHHC fundraising which supports this event and others, we would appreciate your voluntary completion of this confidential survey. You have our sincere wishes for good health and happiness! Thank you!



HOLISTIC HEALTH  
COMMUNITY

**Today's Date:** \_\_\_\_\_

**Your Age:** \_\_\_\_\_

**To which gender do you most identify with?**

- Male  Female  
 Transgender Female  Transgender Male  
 Gender Variant/Non Conforming

**Zip Code of your Residence:** \_\_\_\_\_

**What is your Primary Health Insurance:**

- No Coverage  Medicaid  Medicare  
 Affordable Health Care  Employer/Self Paid

**Number of People in your Household:**

Adults \_\_\_\_\_ Children \_\_\_\_\_

**Are You:**

- Employed/Self-Employed  Not Employed  Retired

**How did you hear about the Rondout Valley Holistic Health Community or RVHHC Healthcare Day? Check all that apply:**

Website  Brochure  Newspaper  RVHHC Staff

Word of Mouth  Referral by Agency

Referral by Healthcare Provider  Other

## HHC ANONYMOUS SURVEY

In order for the RVHHC to have some understanding about the clients who attend Community Healthcare Day, and to provide data for RVHHC fundraising which supports this event and others, we would appreciate your voluntary completion of this confidential survey. You have our sincere wishes for good health and happiness! Thank you!



HOLISTIC HEALTH  
COMMUNITY

**Today's Date:** \_\_\_\_\_

**Your Age:** \_\_\_\_\_

**To which gender do you most identify with?**

- Male  Female  
 Transgender Female  Transgender Male  
 Gender Variant/Non Conforming

**Zip Code of your Residence:** \_\_\_\_\_

**What is your Primary Health Insurance:**

- No Coverage  Medicaid  Medicare  
 Affordable Health Care  Employer/Self Paid

**Number of People in your Household:**

Adults \_\_\_\_\_ Children \_\_\_\_\_

**Are You:**

- Employed/Self-Employed  Not Employed  Retired

**How did you hear about the Rondout Valley Holistic Health Community or RVHHC Healthcare Day? Check all that apply:**

Website  Brochure  Newspaper  RVHHC Staff

Word of Mouth  Referral by Agency

Referral by Healthcare Provider  Other



Holistic Health Community

## MODALITY PREFERENCE FORM

*NOTE: Clients who see a body worker may also see a medical doctor or an emotional/psychological practitioner if available, but may not have 2 body work sessions the same day.*

**HOLISTIC HEALTH  
COMMUNITY**

Please check your preferences of category below. Check all that apply. Under the categories chosen, write the names of 3 preferred modalities, **not the names of practitioners**. If you have no preference, please write "no preference". The volunteers at the SCHEDULING STATION will give you your choice of modality if available. **if not available, SCHEDULING will inform you what is available. By trying something new, you may find a wonderful new experience.**

\_\_\_\_\_ I would like to see a medical doctor

\_\_\_\_\_ I would like to see a practitioner of an emotional/psychological modality.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ I would like to see a hands on body worker/healer.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ I would like to see a hands off body worker/healer.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ I am open to what is available.



Holistic Health Community

## MODALITY PREFERENCE FORM

*NOTE: Clients who see a body worker may also see a medical doctor or an emotional/psychological practitioner if available, but may not have 2 body work sessions the same day.*

**HOLISTIC HEALTH  
COMMUNITY**

Please check your preferences of category below. Check all that apply. Under the categories chosen, write the names of 3 preferred modalities, **not the names of practitioners**. If you have no preference, please write "no preference". The volunteers at the SCHEDULING STATION will give you your choice of modality if available. **if not available, SCHEDULING will inform you what is available. By trying something new, you may find a wonderful new experience.**

\_\_\_\_\_ I would like to see a medical doctor

\_\_\_\_\_ I would like to see a practitioner of an emotional/psychological modality.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ I would like to see a hands on body worker/healer.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ I would like to see a hands off body worker/healer.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ I am open to what is available.

**Holistic Health Community**  
**YOUR EXPERIENCE**



(1) Which modality did you experience today?

(2) Which practitioner did you work with?

(3) What was your experience of your session?

(4) If you would like to share with us your intention, or what you have done to pay forward our gift to you, we would love to hear about it.

(5) Any other Comments?

**Thank you for your confidential comments  
which we use to provide the best service possible.**



**HOLISTIC HEALTH  
COMMUNITY**

# **APPENDIX D**

## **Policies and Procedures**

### **ADMINISTRATIVE VOLUNTEERS WORKING BEFORE 4:00 and AFTER 8:00 PM POLICY**

An administrative volunteer may help with set-up and/or clean-up and still be a client from 3:30-8:00. From 3:30-8:00, that administrative volunteer is not invited to join other volunteers in the kitchen.

### **BUSINESS CARDS AND SOLICITATION POLICY CODE OF CONDUCT:**

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. Practitioners are free to give their business cards to clients they see at Healthcare Day, especially if the client requests a card, and are encouraged to provide cards/brochures for the Information Table in the lounge. It is not appropriate to follow up a session at Healthcare Day with emails or phone calls to solicit clients' business unless the client has specifically requested an email or a phone call. It is not appropriate for practitioners to place Healthcare Day clients on their personal email lists without their permission.

### **CLOTHING POLICY**

Men and women clients may wear a tank top and shorts, and may disrobe to that level for a massage or other treatment. Clients may not disrobe to the level of underwear or nudity.

### **EMAIL LIST POLICY**

Upon request by a volunteer, HHC will send out flyers for a maximum of two announcements per year advertising the health related events sponsored by that volunteer. The subject line on the email will state, "An Event Sponsored by \_\_\_(volunteer)\_\_\_". The email will open with the sentence, "This event is sponsored by \_\_\_(volunteer)\_\_\_, an HHC volunteer." The email will close with the sentence, *"This is not an HHC sponsored event. If you want more information, please join this volunteer's mailing list or view this volunteer's website"*

### **LOTTERY POLICY**

For clients who arrive before 4:00, there will be a sign up sheet as always on the bulletin board outside of the Community Center. At 3:30, a few members of the HHC volunteer staff will come out on the porch. They will draw a line under the last name on the sign up sheet, and transfer the names above the line one by one onto post-it notes which will be folded and placed in a bowl. These names will then be drawn by lottery, and scheduled in the order that they are drawn. Names below the line will be served as in the past, in order by number. And clients arriving after 4:00 will be given a folder and number as in the past, and proceed to the Lounge where they will be called to Check-In by their number.

### **SCHEDULING POLICY**

Clients will each have one session.

Exception: clients may also see a doctor or “hands-off” practitioner if available.

Clients will be invited to wait till 7:00 for a possible second session. If it is a slow day and a hands-off practitioner is available, they can have a session at 6:30 or at the judgement call of the scheduling team and whoever is coordinating the Adm. team that day.

Scheduling will ask all volunteers to let them know if they would like a session after 7:00 if available.

They will keep a list of volunteers requesting possible sessions.

Scheduling will keep a list of which volunteers receive sessions each month, and bring those lists to Healthcare Day for reference with the intention of giving as many volunteers as possible a chance for a session.

Clients will have priority after 7:00 if they have not yet had a session.

Exception: for practitioners who are routinely booked till 8:00, we will occasionally NOT schedule them after 7:00 so that they can have a session after 7:00.

**Holistic Health Community**  
**POLICIES & PROCEDURES**

