



Dear Volunteer Reiki Practitioner Applicant,

Thank you for your interest in volunteering as a Reiki Practitioner at MetroHealth. Since this program is new and involves both Volunteer Services and the Integrated Therapies Committee (ITC), we came up with a method for identifying and screening our volunteers.

I am enclosing/attaching a Reiki Volunteer application, list of volunteer responsibilities and Code of Ethics. If you are interested in pursuing a volunteer status here at MetroHealth, you will need to complete this application first. Your completed application will be reviewed by members of the ITC and you will likely be asked to interview. Please understand that we are a fledgling program starting out small with the hope of growing in the future. If your services aren't needed at this time, we may wish to contact you in the future to determine whether you are still interested.

A background check will be performed (if you are not already screened by virtue of employment at MetroHealth). If all goes well, the Director of Volunteer Services will schedule you for hospital orientation, TB testing, etc. At that point, a member of the ITC will meet with you to help you learn the "ropes" of providing Reiki in the inpatient or clinic settings.

We are excited to be able to provide Reiki to our patients in the MetroHealth System. I hope that you will be a part of beginning what we hope will be a very supportive and successful program of integrative therapies at MetroHealth.

Sincerely yours,

Rosanne Radziewicz, RN, PMHCNS-BC, RMT  
Integrated Therapies Committee  
MetroHealth Medical Center



**Application for Reiki Practitioner Volunteer**

Please complete the following application for consideration as a Reiki Practitioner Volunteer in the MetroHealth System. Return the completed application with a copy of evidence of highest level of Reiki training to Rosanne Radziewicz at MetroHealth Medical Center, 2500 MetroHealth Drive, GG84H, Cleveland, OH 44109-1998, or e-mail [rradziewicz@metrohealth.org](mailto:rradziewicz@metrohealth.org). You may also FAX your completed application to 216-778-7255 (please e-mail or call to alert us prior to sending the FAX). For further information, contact: 216-778-4120.

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

Home address:\_\_\_\_\_

City, State Zip:\_\_\_\_\_

Home telephone:\_\_\_\_\_

Work telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred method for reaching you:

Home phone     Work phone     Cell phone     E-mail     Mail

**REIKI TRAINING : Types of Reiki Practiced:**

Usui Shiki Ryoho

Usui/Tibetan

Karuna Reiki®

Tera-Mai® Reiki

Seichim/Seichem/Sekhem

Lightarian Reiki

Angelic Reiki

Japanese Reiki techniques

Other:



<b>Level</b>	<b>Date Completed</b>	<b>Location/Instructor</b>
<b>Reiki I</b>		
<b>Reiki II</b>		
<b>ART</b>		
<b>Reiki III/Master</b>		
<b>Additional training:</b>		

Estimate the number of hours practiced since courses taken: \_\_\_\_\_

Describe the frequency of Reiki treatments performed (e.g. once weekly, twice monthly, once a year): \_\_\_\_\_

**(continued on next page)**

**REIKI EXPERIENCE:**

Activity	Type of Setting/Location	Dates of Service
<b>Volunteer:</b>		
<b>Private Practice:</b>		

(List additional experience on back of page)

Any other certifications in healing arts skills? If yes, please list:

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What does your usual healing practices include (for example: clairvoyance, channeling, etc):

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Describe any preferences for types of persons you wish to treat when providing Reiki:

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Describe any limitations or concerns you might have in providing Reiki in the hospital or clinic setting:

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You will be asked to abide by the International Association of Reiki Practitioners (IARP) Code of Ethics and MetroHealth Volunteer requirements attached. Please let us know if there are any situations or thoughts you have about not being able to follow the guidelines:

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Your best experience:

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Your worst experience:

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Should you be approved by the Interview team to proceed in your application to be a Reiki Practitioner Volunteer, a background check will be performed prior to acceptance. Are there any situations we should know about regarding your experience with Reiki?

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List two references we can contact for your Reiki practice:

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

Home address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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

Home address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Best day of the week/times for volunteering:

\_\_\_\_\_

When are you most available for an interview?

\_\_\_\_\_

Someone will contact you to discuss your application within two weeks of receipt. Thank you!

## **International Association of Reiki Professionals Code of Ethics**

### **Code of Ethics for Registered Reiki Practitioners**

The Registered Reiki Practitioner (RP) agrees to:

1. Abide by a vow of confidentiality. Any information that is discussed within the context of a Reiki session is confidential between the client and the Practitioner.
2. Provide a safe and comfortable area for client sessions and work to provide an empowering and supportive environment for clients.
3. Always treat clients with the utmost respect and honor.
4. Have a pure and clear intention to offer your services for the highest healing good of the client
5. Provide a brief oral or written description of what happens during a session and what to expect before a client's initial session.
6. Be respectful of all others' Reiki views and paths.
7. Educate clients on the value of Reiki and explain that sessions do not guarantee a cure, nor are they a substitute for qualified medical or professional care. Reiki is one part of an integrated healing or wellness program.
8. Suggest a consultation or referral to qualified licensed professionals (medical doctor, licensed therapist, etc.) when appropriate.
9. Never diagnose or prescribe. Never suggest that the client change prescribed treatment or interfere with treatment of a licensed health care provider.
10. Be sensitive to the boundary needs of individual clients.
11. Never ask clients to disrobe (unless in the context of a licensed massage therapy session at the client's option). Do not touch the genital area or breasts. Practice hands-off healing of these areas if treatment is needed.
12. Be working to create harmony and friendly cooperation between Reiki Practitioners/Master Teachers in the community
13. Act as a beacon in your community by doing the best job possible.
14. Be actively working on your own healing so as to embody and fully express the essence of Reiki in everything that you do.