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 radziewicz@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:
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<thead>
<tr>
<th>Level</th>
<th>Date Completed</th>
<th>Location/Instructor</th>
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<tbody>
<tr>
<td>Reiki I</td>
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<td>Reiki II</td>
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<td>ART</td>
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<td>Reiki III/Master</td>
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<td>Additional training:</td>
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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): _____________________________
# REIKI EXPERIENCE:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Type of Setting/Location</th>
<th>Dates of Service</th>
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<tbody>
<tr>
<td>Volunteer:</td>
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<td>Private Practice:</td>
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(List additional experience on back of page)

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

________________________________________________________
________________________________________________________
________________________________________________________

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

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

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

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:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Your best experience:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Your worst experience:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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?
_____________________________________________________________________________
_____________________________________________________________________________
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.