



BODY AND SOUL WELLNESS CENTER - PRACTITIONER APPLICATION

GENERAL INFORMATION DATE: _____

Name: _____

Address: _____ CITY: _____ ST: _____ ZIP: _____

Phone: _____ (home/work/cell) Other: _____ (home/work/cell)

Email: _____

Are you a returning Wellness Center staff? Previous years worked:

Yes - No (indicate starting year as well as consecutive)

SERVICES TO OFFER

The Wellness Center offers a variety of services. We are currently hiring for the services listed below (we will not be adding to our menu this season). Please circle all that apply and be certain that you are **only circling the services that you are willing and able to perform this upcoming season**. The more diverse the skill set of a practitioner the more opportunity there is for bookings.

MASSAGE

- ____ Therapeutic
- ____ Deep Tissue
- ____ Neuromuscular
- ____ Trager
- ____ Body Tuning
- ____ Craniosacral Therapy
- ____ Aromatherapy
- ____ Hot Stone

ENERGY WORK

- ____ Chakra Balancing
- ____ Energy Rebalancing
- ____ Polarity
- ____ Reiki

ASIAN

- ____ Amma Massage
- ____ Shiatsu
- ____ Thai Massage
- ____ Tui Na

SPA SERVICES

- ____ Exfoliations and Wraps
- ____ FACIALS
- ____ FOOT WORK
- ____ Reflexology
- ____ Happy Feet

CONSULTATIONS

- ____ Astrological Readings'

____ Bach Flower Consultation
____ Nutritional Consultation

Psychic Energy Release
____ Rubenfeld Synergy®
____ Shamanic Healing

TREATMENTS

____ Acupuncture
____ Chiropractic
____ Osteopathy

SPECIALTY

There is limited hiring for these services Aura

____ Imaging
____ Aura Soma Color Therapy
____ Henna Body Art
____ Holistic Chiropractic
____ Intuitive Counseling

CREDENTIALS

Schools and Programs attended relating to field:

1. _____ Completion/Graduation Date: _____
2. _____ Completion/Graduation Date: _____
3. _____ Completion/Graduation Date: _____

LICENSURE AND INSURANCE

Trinity hires only State certified and licensed practitioners within their field.

License #: _____ Date Acquired: _____

Registration Certificate #: _____ Registration Expiration: _____

Liability Insurance Provider: _____

Liability Insurance Expiration: _____

SPECIAL REQUESTS

Please indicate if you have any special requests for yourself or for the service you wish to offer. **There is no guarantee that special requests can be met.** This will be determined prior to hire.

Maximum number of sessions per day: _____

Maximum number of sessions in a row: _____

Maximum number of sessions for a *type* of service per day:

Service: _____ max/day: _____ | Service: _____ max /day: _____

Special intake forms, or guest information, required: **Y N**

(an electronic version will need to be submitted ASAP so that it may be formatted into the Omega Template)

Special furniture required: **Y N**

Describe:

Special room set-up required: **Y N**

Describe:

Session/Service Printouts: **Y N**

(Please indicate if your service includes any additional printouts or client follow-up).

Session Recordings: **Y N**

(Please indicate if the session is available for recording, and if so, in what format).

AVAILABILITY

Please indicate if you are interested in a full time or partial time contract:

Full time: _____ Part time: _____

HIRING PREFERENCE IS GIVEN TO THOSE INDIVIDUALS WITH THE MOST AVAILABILITY AND FLEXIBILITY

PLEASE NOTE THE FOLLOWING

Appointment times:

We are unable to accommodate requests for predetermined appointment times. Once you begin your shift (at the time you have indicated in the calendar), your appointments will be booked based on guest demand and need.

Storage:

Storage space is limited at the Wellness Center. There is no space available for any additional equipment or supplies to be stored. Items that are required in your service above and beyond that which the wellness center can provide must be taken home with you.

Schedule:

It is important that you only indicate the days you are available, not the days you *might* be available. It is easier to add you to the schedule than it is to take you off the schedule.

PRACTITIONER BIO

All Wellness Center practitioners are required to submit a short professional bio. Be sure that this bio contains relevant information about the work you will be offering at Trinity. You may include personal statements and express yourself as you see fit. Once hired your bio will be formatted and placed into the Wellness Center Practitioner Bio Binder for our guests to read so they can have a better understanding as to what the Wellness Center, and you, have to offer. **No pictures please.**

Please limit your bio to a few paragraphs and send electronically: deanna@tsotm.com

No brochures or articles. Word documents only.

PERSONAL STATEMENT

Please take a moment to tell us why you are interested in spending a season at the wellness center and what you hope to gain from this experience. Please feel free to include anything else about yourself that you would like to share.

COVER SHEET

Please submit this as your cover page with the completed application. Be certain to include all other relevant information and forms such as proof of licensure and insurance, professional bio, special intake forms, etc. We will begin reviewing applications as soon as they are received. For immediate consideration you must have your application in by this date. Once your application has been reviewed we will be in contact with you. Upon hire you will receive the Wellness Center Policy & Procedure Handbook and any additional paperwork.

There will be quarterly ALL STAFF MEETINGS. These meetings are mandatory – no exceptions.

Should you have any questions or concerns, please do not hesitate to contact Trinity / Wellness Center Manager, Deanna Lynn she can be reached via email deanna@tsotm.com or call 586 619-9358

NAME: _____ DATE: _____

I have filled out the Application (Page 1-3)

I have filled out the Availability Calendar

- I have written my Practitioner Bio (hard copy enclosed). I emailed it on: _____
- I have included any special intake forms. I emailed them on: _____
- I have included any other forms required for my service. I emailed them on: _____
- I have included a copy of my license or certificate.
- I have included a copy of my liability insurance.
- I have provided work references and their contact information (and a resume if one is available).

FOR OFFICE USE ONLY

DEMO REQUIRED: Y N DATE: _____

Rating 1: _____ Rating 2: _____ Rating 3: _____

RETURNEE: Y N FIRST YEAR: _____ MOST RECENT YEAR: _____

HIRE DATE: _____

CONTRACT DATES: _____ | _____ POLICY & PROCEDURE HANDBOOK

PAY RATE: _____

DAYS/WEEK AVAILABLE 1 2 3 4 5 6 7

SPECIAL NEEDS/FORMS:

SERVICES:

Comments: