



The Heart Touch Project™

Heart Touch Training in Compassionate Touch Application

GENERAL INFORMATION

Please print legibly above each line.

Date of Training

First Name M.I. Last Name

Street Address Suite/Apt No.

City State ZIP Code

(____) _____ (____) _____
Home Phone Cell Phone

Email Address (*our primary means of communicating with you*)

Sex: Male Female

Date of Birth: ____ / ____ / ____
Month Day Year

Occupation Employer

Education completed: _____ Degree; _____

Language(s) spoken: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Do you have access to reliable transportation to perform your volunteer work? Yes No

Do you have a valid California driver's license? Yes No

Do you have automobile liability insurance? Yes No

Ethnicity (optional): Hispanic/Latino White Black/African American
Native American Asian Pacific Islander Other

VOLUNTEER INTEREST

Are you interested in becoming a volunteer at a hospice? Yes No

Most hospices require a one year commitment. Are you able to volunteer for one hour a week for one year (a total of 48 hours/year)? Yes No

Would you be willing to travel to your client's home? _____

If yes, to what areas would you be willing to travel? _____

What skills, talents and interests do you have that could apply to working as a volunteer?

If you have previous volunteer experience, what have you enjoyed the most? _____

What have you enjoyed the least? _____

PRACTITIONER INFORMATION

(If applicable)

What type of healthcare practitioner are you? (i.e., massage therapist, nurse, chiropractor, physical therapist, acupuncturist, etc.)

If you are a massage therapist, do you have a city issued license or State of California certification?

Yes No

If a city license, provide name of city: _____

City License Number: _____

If State of California, indicate status: Certified Massage Therapist Massage Technician

State of California Certification Number: _____

List other bodywork certifications you have obtained. _____

Educational background/training: _____

Do you have concerns associated with working with AIDS or hospice care patients, seniors or special needs children? Yes No

If yes, what are your concerns? _____

APPLICANT COMMENTS

What are the important losses in your life and their approximate dates? (e.g., father's death in 2008)

REFERENCES

Reference #1

Name: _____ Relationship: _____

Phone number: (_____) _____

Reference #2

Name: _____ Relationship: _____

Phone number: (_____) _____

Reference #3

Name: _____ Relationship: _____

Phone number: (_____) _____

EMERGENCY CONTACTS

Contact #1

Name: _____ Relationship: _____

Phone number: (_____) _____

Contact #2

Name: _____ Relationship: _____

Phone number: (_____) _____

COMMITMENT TO PARTICIPATE

I, _____, am committed to participating in the Heart Touch Training in Compassionate Touch and I have cleared my schedule so that I can participate. I have written the dates for this training into my calendar or schedule.

If I cannot participate in this training, I agree to contact the Heart Touch office as soon as I know of this change. I understand that a refund will be made if cancellation is made up to one week before the training. No refunds will be made if cancellations are received one week or less before the scheduled training.

(Please sign and date):

Signature: _____ Date: _____

FORM OF PAYMENT

The fee for Heart Touch Training in Compassionate Touch is \$350.00. Through a generous grant from the Fred & June MacMurray Foundation, reduced tuition fees are available for those who commit to becoming hospice volunteers with one of our partner hospice organizations. To obtain a tuition reduction application form, please contact Camille at 310-391-2558 or email her at camille@hearttouch.org.

Payment is due at the time you submit your application. An application is not complete unless payment is received.

Please indicate method of payment.

Check # _____ payable to The Heart Touch Project

Credit Card MasterCard Visa Discover American Express

Name on Card: _____

Card Number: _____ Exp. Date: _____ CVS Code: _____

Enter ZIP Code billing address for card (if different from ZIP Code listed above): _____

SUBMITTING YOUR APPLICATION

You may submit your application in one of three ways.

1.) Email Submission

Email your digital application back to camille@hearttouch.org. If paying by check, please mail your check for \$350.00 to the address below.

2.) Fax Submission

Fax your application to 310-391-2168. If paying by check, please mail your check for \$350.00 to the address below.

3.) Mail Submission

Mail your application to the address below. Please include a check for \$350.00 or complete the credit card information above. If you would like to receive a scholarship and reduce your fee please attach your application and check the box below.

I am applying for tuition assistance.

The Heart Touch Project
3400 Airport Avenue, Suite 42
Santa Monica, CA 90405

If you would like more information or have questions about the Heart Touch Training in Compassionate Touch, please call Camille at 310-391-2558 or send an email to camille@hearttouch.org.