

*Naturopathic Institute of Therapies and Education*  
*503 E. Broadway St., Mt. Pleasant, MI 48858*  
**PROFESSIONAL VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please answer the following questions:

- Are you a previous NITE student? \_\_\_\_\_
- Have you ever received a massage or other form of bodywork before? \_\_\_\_\_
- Would you be interested in a health evaluation from a natural health student? \_\_\_\_\_
- How did you hear about the student massages? \_\_\_\_\_

As a professional school for Natural Health, Massage, Bodywork Therapy, and Holistic Labor Companions, we are looking for professional volunteers to assist our students in their learning process. To give our students a “real life” experience in their field, we need volunteers of all shapes, sizes, ages, and abilities. However, there are a few requirements that you must meet in order to qualify to be a professional volunteer. Please read each of the following and initial in the blanks to verify that you meet the requirements.

As a professional volunteer:

- I agree to receive any of the following therapies:  
    Massage \_\_\_\_ CranioSacral \_\_\_\_ Reflexology \_\_\_\_ Light Healing Touch \_\_\_\_
- I agree to show up for my scheduled appointment at least 5 minutes early. \_\_\_\_\_
- I agree to turn my cell phone to silent or off (not vibrate) during the therapy. \_\_\_\_\_
- I agree to receive therapy from any student, regardless of gender. \_\_\_\_\_
- I acknowledge that I am at least 16 years of age. \_\_\_\_\_
- I acknowledge that I can climb a flight of stairs. \_\_\_\_\_
- If I must cancel my appointment, I agree to do so at least 48 hours in advance or as soon as possible in an emergency situation. \_\_\_\_\_
- I acknowledge that I am not allowed to bring my children and leave them unattended during my therapy session. \_\_\_\_\_
- I acknowledge that if I do not show up or give proper notice of my need for a cancellation, I will be given only one warning. Upon a second incident, I acknowledge that I will be removed from the professional volunteer list. \_\_\_\_\_
- I acknowledge that tipping the student for their time and effort is encouraged and appreciated, but not required. \_\_\_\_\_
- I acknowledge that students sometimes have unforeseen circumstances that prevent their attendance. In the rare instance that a student is unable to attend a therapy session, I agree not to show anger or frustration toward the “bearer of bad news.” \_\_\_\_\_

If you meet the Professional Volunteer requirements, NITE will notify you of your qualification. Upon your approved qualification, you will be added to the Professional Volunteer list. We will call individuals from this list on a rotational basis to fill our volunteer needs.

I have read and understand this information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_