

Dear Volunteer Provider Applicant,

Thank you for your interest in becoming a Provider Volunteer. Our provider volunteers are an essential part of Pathways' creative healing spirit. Please take some time to read through the description of who we are, what we do, and the steps needed in order to join the volunteer community at Pathways.

Who We Are: Pathways is a non-profit, volunteer sustained organization that provides programs and an environment designed to support a creative healing response for people with life threatening and chronic illness.

What We Do: Pathways offers (at no cost to these participants, their families and friends) a safe place to explore whole person healing through ongoing classes, one-on-one individualized appointments and special events in many areas of integrative health including: bodywork, energy work, meditation/inner practice, mind-body healing, movement, art/creativity, and many other support programs for those journeying through a health challenge.

Becoming a Provider: Our Provider volunteers are highly skilled healers with a passion for the work they do and the people they serve. All provider volunteers must have the following prerequisites:

Provider Prerequisites

- ✧ Has experience working with and accommodating people in vulnerable circumstances who are facing a health crisis
- ✧ Has no less than 100 hours working in the specific modality offered at Pathways
- ✧ Is professionally trained and/or certified
- ✧ Has a heart connection with Pathways healing approach and an ability to articulate personal healing philosophy
- ✧ Embraces the spiritual aspects of healing while being comfortable in a non-religious environment
- ✧ Actively practices the modality offered at Pathways

Next Steps: If you have the necessary provider pre-requisites and feel that Pathways is a good fit for your gifts and healing skills, we invite you to take the next steps in becoming a Provider Volunteer:

1. Complete the Provider Application Form
 - ✕ A staff member will review completed applications; You will be updated within 3 weeks of your application submission as to your next steps.
2. Interviews with staff and provider team
3. Attend a New Provider Orientation
4. Background Check
5. Classes and/or one-to-one submission for next the calendar

The Power of volunteering at Pathways: Pathways is an organization committed to the health and well-being of all who enter our doors. A recent volunteer survey found that “Pathways deeply honors the generosity and commitment of their volunteers in meaningful ways”. It is unlike any other place in the nation filled with vision, healing, and gratitude. Join us as we gather, explore, transform, and create together.

Again, thank you for your interest in becoming a Pathways Provider Volunteer. Please feel free to contact us:

Phone: 612-822-9061

Fax: 612-824-3841

Email: erica@pathwaysmpls.org

Web: www.pathwaysminneapolis.org

Or visit Pathways and experience our healing space for yourself: 3115 Hennepin Ave S Minneapolis 55408

Looking forward to connecting with you soon!

Erica Nelson
Program Manager

and

Tim Thorpe
Executive Director



Volunteer Provider Application

GENERAL INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Day: _____ Phone Evening: _____

Email: _____ Cell: _____

How did you learn about Pathways?

REFERENCES

Please list three references:

Name: _____ Relationship: _____ Email: _____

Name: _____ Relationship: _____ Email: _____

Name: _____ Relationship: _____ Email: _____

HISTORY

Please list your volunteer history and work experiences related to the services you will provide at Pathways:

Location

Position

Start & End Date

EDUCATION & QUALIFICATIONS

Guidelines for Provider Volunteers at Pathways

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What modality do you wish to offer at Pathways?

List your training and experience for the Services/Programs you wish to provide at Pathways:
(Be specific about certificates and/or approximate # Hours of Training Completed)

Are there any other healing methods/courses that you have been trained in that you've incorporated into your healing work?

LANGUAGES

Do you speak any foreign languages?

_____ Speak Read Write Fluent
_____ Speak Read Write Fluent
_____ Speak Read Write Fluent

Signature: _____ **Date:** _____