



A HOME • A BRIDGE • A JOURNEY  
Care and compassion at end of life.

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## Complementary Therapy Volunteer Application

SPECIALTY: \_\_\_\_\_

SCHOOL/PROGRAM: \_\_\_\_\_

YEAR OF COMPLETION: \_\_\_\_\_

YEARS OF PRACTICE: \_\_\_\_\_

CURRENT PRACTICE LOCATION: \_\_\_\_\_

CREDENTIALS/AFFILIATIONS/ASSOCIATIONS\*: \_\_\_\_\_

\_\_\_\_\_

LIABILITY INSURANCE CARRIER & TERMS\*: \_\_\_\_\_

\_\_\_\_\_

**PROPOSAL:** *Please provide a brief description of the benefits that you feel your therapy would bring to the hospice and how you envision providing services.*

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*\*Please enclose copies or remit proof at your earliest convenience*