

# OMEGA

Greetings!

Thank you for your interest in the Omega Wellness Center. We are currently hiring for the 2008 season (April 25-Oct 26).

The Wellness Center at Omega offers something special - wonderfully spirited practitioners providing great service and care to our guests and staff. It is our wish that each and every guest who comes through the Wellness Center leaves feeling rejuvenated, nurtured and completely cared for; finding a restored sense of balance and inner serenity. We seek to heighten the guest experience and hope that they feel supported from the moment they walk through the door on through to the end of their stay.

We also aim to provide a safe, fun and professional work environment. One where you feel supported, valued and welcomed as part of a team of talented individuals seeking to share their gifts with guests, staff and one another.

By offering the best in customer service, a variety in treatments and consultations, and a space of elegance and tranquility (coupled with that staple Omega flair that folks have come to love and appreciate) we meet, if not exceed, Omega's vision and goals.

In the following pages you will find the Omega Wellness Center Application for 2008. Please fill it out in its entirety and mail it back with the enclosed cover letter. Please be certain to include any additional documentation required. **PLEASE DO NOT SEND YOUR APPLICATION VIA EMAIL.**

Applications must be received no later than March 10th. If we do not receive your application by this date, it will not be included in the first round of hiring.

If this is your first time applying to the Omega Wellness Center, please note that a demo sessions is required prior to hire.

I look forward to hearing from you!

Best,

Kellie Cronin  
Omega Wellness Center Manager



# OMEGA WELLNESS CENTER

## APPLICATION 2008



# OMEGA WELLNESS CENTER PRACTITIONER APPLICATION 2008

## GENERAL INFORMATION

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ (home/work/cell) Other: \_\_\_\_\_ (home/work/cell)

Email: \_\_\_\_\_

Are you returning Wellness Center staff?

Yes

No

Previous years worked: \_\_\_\_\_

(indicate starting year as well as consecutive)

## HOUSING REQUEST

Omega has a very limited number of tent sites available to rent for the season. Sites are \$115 per month and available from May 10<sup>th</sup> - Oct 6<sup>th</sup>. If you are interested in learning more about this opportunity please indicate your dates of interest below. \*Note: Practitioners who live on campus are scheduled 5 days a week/full shifts. Flexibility in availability is required.

## 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 Massage  
Deep Tissue  
Neuromuscular Therapy  
Trager  
Body Tuning  
Craniosacral Therapy  
Aromatherapy Massage  
Hot Stone - pending

### ENERGY WORK

Chakra Balancing  
Energy Rebalancing  
Polarity  
Reiki

### SPA SERVICES

Exfoliations and Wraps

### FACIALS

Types:

Products:

### FOOT WORK

Reflexology  
Happy Feet – pending

### CONSULTATIONS

Astrological Readings  
Bach Flower Consultation  
Nutritional Consultation  
Tarot Reading

### TREATMENTS

Acupuncture  
Chiropractic  
Osteopathy

### SPECIALTY

There is limited hiring for these services

Aura Imaging  
AuraSoma Color Therapy  
Henna Body Art  
Holistic Chiropractic  
Intuitive Counseling  
Psychic Energy Release  
Rubinfeld Synergy®  
Shamanic Healing

### ASIAN

Amma Massage  
Shiatsu  
Thai Massage  
Tui Na

## CREDENTIALS

Schools and Programs attended relating to field:

1. \_\_\_\_\_ Completion/Graduation Date: \_\_\_\_\_
2. \_\_\_\_\_ Completion/Graduation Date: \_\_\_\_\_
3. \_\_\_\_\_ Completion/Graduation Date: \_\_\_\_\_

## LICENSURE AND INSURANCE

Omega hires only New York State certified and licensed practitioners within their field.

License #: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Registration Certificate #: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_

Liability Insurance Provider: \_\_\_\_\_ Liability Insurance Expiration: \_\_\_\_\_

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## 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 season or partial season contract:

Full Season: April 25<sup>th</sup> – Oct 26

Partial Season: \_\_\_\_\_

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

In the following pages you will find a full calendar view of the upcoming season. Please indicate your availability by doing the following (**use pencil only**):

1. Circle each day that you are available (for the entire season).
2. Indicate within the circled square what shift you are requesting (start time - end time). Preferred standard shifts run 12:15-9:15 pm, however other options exist.
  - If you plan to live on campus you must indicate the 5 days you would prefer to work each week.
  - If you are commuting; note that hiring preference is given to those available 2-3 (or more) days a week.
3. If you intend to take a catalogue workshop and work at the Wellness Center at the same time, place a triangle around these days.

## PLEASE NOTE THE FOLLOWING

### Schedule Requests:

Schedules are created pre-season for the duration of the season. These schedules are posted at the first of every month, one month in advance. Once posted, changes are not permitted; only substitutions. One (1) schedule request is honored per month and must be submitted well in advance. More information on this will be provided to you in the Wellness Center Policy & Procedure Handbook upon hire.

### 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 Omega can provide must be taken home with you.

**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.**

## APRIL

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4/21 CLOSED	4/22 CLOSED	4/23 CLOSED	4/24 CLOSED	4/25	4/26	4/27
4/28	4/29	4/30				

# MAY

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

			5/1	5/2	5/3	5/4
5/5	5/6	5/7	5/8	5/9	5/10	5/11
5/12	5/13	5/14	5/15	5/16	5/17	5/18
5/19	5/20	5/21	5/22	5/23	5/24	5/25
5/26	5/27	5/28	5/29	5/30	5/31	6/1

# JUNE

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

6/2	6/3	6/4	6/5	6/6	6/7	6/8
6/9	6/10	6/11	6/12	6/13	6/14	6/15
6/16	6/17	6/18	6/19	6/20	6/21	6/22
6/23	6/24	6/25	6/26	6/27	6/28	6/29

# JULY

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

6/30	7/1	7/2	7/3	7/4	7/5	7/6
7/7	7/8	7/9	7/10	7/11	7/12	7/13
7/14	7/15	7/16	7/17	7/18	7/19	7/20
7/21	7/22	7/23	7/24	7/25	7/26	7/27
7/28	7/29	7/30	7/31			

# AUGUST

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

				8/1	8/2	8/3
8/4	8/5	8/6	8/7	8/8	8/9	8/10
8/11	8/12	8/13	8/14	8/15	8/16	8/17
8/18	8/19	8/20	8/21	8/22	8/23	8/24
8/25	8/26	8/27	8/28	8/29	8/30	8/31

# SEPTEMBER

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

9/1	9/2	9/3	9/4	9/5	9/6	9/7
9/8	9/9	9/10	9/11	9/12	9/13	9/14
9/15	9/16	9/17	9/18	9/19	9/20	9/21
9/22	9/23	9/24	9/25	9/26	9/27	9/28
9/29	9/30					

# OCTOBER

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

		10/1	10/2	10/3	10/4	10/5
10/6	10/7	10/8	10/9	10/10	10/11	10/12
10/13	10/14	10/15	10/16	10/17	10/18	10/19
10/20	10/21	10/22	10/23	10/24	10/25	10/26

## **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 Omega. 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: [wellnesscenter@eomega.org](mailto:wellnesscenter@eomega.org). **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 Omega 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 on March 10<sup>th</sup>. 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 an ALL STAFF MEETING on April 21<sup>st</sup>. This meeting is mandatory – no exceptions.**

Should you have any questions or concerns, please do not hesitate to contact the Wellness Center Manager, Kellie Cronin. She can be reached via email: [wellnesscenter@eomega.org](mailto:wellnesscenter@eomega.org) or [kelliecronin@yahoo.com](mailto:kelliecronin@yahoo.com).

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

DATE: \_\_\_\_\_

- I have filled out the Application (Page 1-3)
- I have filled out the Availability Calendar (Pages 3-5)
- 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 and registration
- 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).

Submit your application packet via post. **NO ELECTRONIC APPLICATIONS ACCEPTED**

Omega Wellness Center  
150 Lake Drive  
Rhinebeck, NY 12572  
ATTN: Application

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### FOR OFFICE USE ONLY

DEMO REQUIRED:                    Y        N        DATE: \_\_\_\_\_        RATING: \_\_\_\_\_  
RETURNEE:                        Y        N        FIRST YEAR: \_\_\_\_\_        MOST RECENT YEAR: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

CONTRACT DATES: \_\_\_\_\_         POLICY & PROCEDURE HANDBOOK

PAY RATE: \_\_\_\_\_

HOUSING: \_\_\_\_\_ FEE/MONTH: \_\_\_\_\_        FEE/SEASON: \_\_\_\_\_

DAYS/WEEK AVAILABLE:        1        2        3        4        5        6        7

SPECIAL NEEDS/FORMS:

SERVICES: