



**Synergy Healing Arts
Center & Massage School, Inc.**

13593 Monterey Lane, Blue Ridge Summit, PA 17214

717-794-5778 or 877-372-6617

E-Mail: massage@synergymassage.edu Web Site: www.SynergyMassage.edu

FIELDWORK SITE AGREEMENT FORM

_____ agrees to participate in the Synergy Healing Arts Center and Massage School (SHACMS) "Student Fieldwork Program". The above named facility agrees to provide the following services for the program:

- Provide adequate area/room for the bodywork/massage services to set up a portable massage chair(s) or table(s) or to provide student access to clients in a bed or wheelchair.
- Provide a table for educational/informative information about S.H.A.C.M.S. & massage profession.
- Have designated Fieldwork Supervisor complete/sign student's attendance & evaluation forms. Please indicate if support for the Keith A. Schaeffer Memorial Scholarship Fund will be provided. Check below...

Donation will be made by Sponsoring Organization

Donation container will be allowed for participants

No support of Memorial Scholarship

IT IS UNDERSTOOD THAT THIS AGREEMENT DEPENDS ON STUDENT AVAILABILITY. PARTICIPATION CANNOT BE GUARENTEED. PLEASE CALL SYNERGY ONE WEEK PRIOR TO THE EVENT TO CONFIRM.

Dates and Times of Fieldwork:

Name, Phone & Email of Student Massage Practitioner:

Name, Phone & Email of Faculty Personnel (Internship Only):

Name, Phone & Email of Facility Supervisor:

Description of Facility and Clientele for Fieldwork

How did you hear about Synergy? _____

Signature of Facility Supervisor _____ Date _____

Signature of SHACMS Ed. Director _____ Date _____