



## Application Form

We respectfully request that you answer all questions completely and honestly.

Please fill out and return to: *The Forest Refuge, 1230 Pleasant Street, Barre MA 01005*  
Fax: (978) 355-4307

Your name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

M  F  Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Intended length of stay \_\_\_\_\_ Preferred dates of stay \_\_\_\_\_

**Teacher Led Retreats** — list dates and teachers of previous insight meditation retreats (7 days or more):  
*Attach extra paper if necessary.*

**Self Retreats** — list dates, style of practice, duration and locations of any intensive self retreats:  
*Attach extra paper if necessary.*

**Other Traditions** — list dates, teachers and duration of retreats in other traditions:

Please describe your current daily practice:

Are there any medical or psychological conditions that you feel are important for us to know about to better understand your needs regarding this retreat?

Meditation retreats can at times be psychologically and emotionally stressful. In the event of a psychological emergency, do you have a therapist or psychiatrist that we could contact?

Yes  No  Name \_\_\_\_\_

Office Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

How well do you handle stress in your life? Are there recent circumstances (eg. loss of a loved one, illness, fasting, substance abuse, prolonged depression) or past history (eg. serious attempt to take your life) that might affect your retreat?

Do you have any experience from past retreats or from stressful psychological challenges you have faced that would help you work with these issues?

Do you have any history of physical illness or limitations that might be aggravated by or interfere with sitting and walking meditation?

Yes  No  If so, please describe:

Do you have any physical limitations that would prevent you from participating in the daily work period?

Yes  No  If so, please describe:

Intensive meditation may affect how your body and mind interact with medications, herbal or other treatments. Please consider consulting your health care provider to determine any potential complications. If it is helpful to advise us regarding your medications/supplements — so that we can address any needs or circumstances that may arise — please list them and the daily dosage:

Our capacity to support ongoing medical needs is very limited. Do you have any such needs that would require leaving the Forest Refuge during your retreat?

Yes  No  If so, please describe:

Please read the 'What You'll Eat' section of our website (in 'Participant Info'). Do you have any serious food allergies?

Yes  No  If so, please describe:

There is not the usual retreat structure at the Forest Refuge. Have you thoroughly reviewed the practice guidelines?

Yes  No

Forest Refuge retreatants need to be self-sufficient and disciplined, maintaining a steady schedule of intensive practice. There are usually two dharma talks per week and two interviews with teachers are required each week. Is this sufficient support for you? (Note: Some teachers may schedule more interviews and dharma talks than this.)

Yes  No

Please describe the method of practice you would like to follow (eg. insight meditation, lovingkindness meditation, etc.):

The Forest Refuge offers some financial assistance. Are you interested in more information about this?

Yes  No

Do you have a teacher who is most familiar with your practice? Yes  No

May we contact her or him? Yes  No

Teacher's contact information \_\_\_\_\_

Where did you hear about the Forest Refuge? \_\_\_\_\_

\_\_\_\_\_

I understand that if my application for a personal retreat at the Forest Refuge is approved, I must provide on arrival the name and contact details of an emergency contact person in order to attend the retreat. I will not be allowed to participate unless I have done so. IMS will make every effort to communicate with this person in the event of an emergency. This person is someone who can either collect me from IMS or help to make transportation arrangements if I need to leave the retreat early.

I further understand that participation in IMS programs is at the discretion of the teachers and IMS administration at all times. If, in the opinion of IMS, I am unable to continue to participate productively in the retreat, I may be asked to leave.

BY SIGNING MY NAME BELOW, I, (print name) \_\_\_\_\_ CONFIRM THAT ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND THE PRACTICE GUIDELINES AND REQUIREMENTS. IF AT ANY TIME MY CIRCUMSTANCES CHANGE, I WILL INFORM THE FOREST REFUGE.

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