



Retreat Center - Work Retreat Application Form

Please fill out and return, together with the Work Retreat Questionnaire and the \$35 processing fee, to:
IMS Retreat Center, 1230 Pleasant St., Barre, MA 01005

Date of Arrival: _____ Date of Departure: _____
(In some cases, we may request you to arrive a day or two before a teacher-led retreat begins. If so, we will contact you before confirming your application.)

Your name _____

Address _____

City/State/Zip _____ Occupation _____

Email Address _____

Daytime Phone _____ Evening Phone _____

M F Date of Birth _____ Do you snore? Yes No

Why would you like to be a Work Retreatant?

Have you done an IMS Work Retreat previously?

Yes No If yes, please indicate date(s) and department(s):

Depending on our needs, as well as your experience, we will assign you to help in either the Retreat Center Kitchen or Housekeeping department. Work Retreat tasks can be physically demanding, including some heavy lifting, with work periods totaling five hours each day. We appreciate your flexibility in serving where needed. Please indicate below the level of your experience (N=no experience, E=some experience, V=very experienced), and number your preference:

<u>Experience</u>	<u>Preference</u>	<u>Department</u>
		Kitchen – cleaning, dishwashing, general duties
		Housekeeping – cleaning, sewing, plant care

Describe any other skills, work experience or formal training that you would like us to know about:

Describe any physical conditions that may limit your ability to work on a particular task or for up to five hours per day:

Additional comments:

Payment Information: A Work Retreat Application requires a non-refundable \$35 processing fee.

My \$35 check is enclosed (payable to IMS). Visa MasterCard

Credit Card # (We will charge your Card the \$35 fee.)

3-Digit Verification Code (last three digits of the sequence on back of Credit Card)

Expiration Date _____ Cardholder Signature _____

Statement of Agreement

I have read the Retreat Center Work Retreat information. If accepted into the program, I agree to participate fully, exploring the integration of mindfulness practice with daily life activities. I agree to spend five hours each day serving the needs of the Retreat Center, with time off according to program guidelines.

I understand that IMS relies upon the invaluable contribution of Work Retreatants. I will inform the RetreatCenter immediately of any change to my circumstances that affect my participation.

Signature _____ Date _____