



**Family Retreat
Volunteer Children's Group Leader Application**

Today's Date _____

Your Name _____

Address _____

City/State/Zip _____

Email _____ Phone _____

Occupation _____

Please describe your experience working with children and/or adolescents:

List the retreats you have attended at IMS and/or affiliated centers (e.g. CIMC, Spirit Rock, Gaia House, etc.).
Include course dates:

Why are you interested in volunteering as a Children's Group Leader at this retreat?

How did you learn about our need for such volunteers?

Please list any special certification you possess (e.g. CPR, medical, etc.):

State the age groups you prefer to work with (in descending order 1, 2, 3, etc.):
Ages 2-5 _____ Ages 6-7 _____ Ages 8-9 _____ Ages 10-11 _____ Ages 12-14 _____

Please provide three references from the categories listed below. References from the first two categories are preferred. Please provide names, phone numbers and email addresses for these references.

- Meditation Teacher
- Someone who has supervised you in working with youth
- Other professional reference

1. Name _____

Phone _____ Email _____

2. Name _____

Phone _____ Email _____

3. Name _____

Phone _____ Email _____

Have you ever been convicted of a felony or misdemeanor? YES NO
If YES, please explain.

I acknowledge that all the information I have included in this application is true and complete. I authorize IMS personnel to contact any of the individuals listed above as references regarding this application. I understand and agree that should this application result in my volunteering for IMS, my volunteer status will not be guaranteed and will be subject to ongoing review.

Applicant Signature _____

Please send this form – by postal mail or email – to:

Eowyn Ahlstrom
Family Retreat Children’s Program Recruiter
IMS
1230 Pleasant Street
Barre MA 01005
eowyna@dharma.org

Thank you for applying! Please be sure to complete the attached emergency contact information sheet.

Emergency Contact Information

Your Name _____

Persons to Contact in Case of an Emergency

Primary Contact Name _____ Relationship to You _____

Address _____

Phone Numbers: Cell _____ Home _____ Work _____

Secondary Contact Name _____ Relationship to You _____

Address _____

Phone Numbers: Cell _____ Home _____ Work _____

Health Insurance Information

Health Insurance Company _____ Your ID# _____

Your Doctor's Name _____ Doctor's Phone _____