



### Volunteer Application

Thank you for your interest in serving IMS as a volunteer. We deeply appreciate your generosity.  
*Note that volunteer assignments are available only to those with previous IMS retreat experience.*

Today's Date \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Please check the activities listed below that are of interest to you as a volunteer. Also mark those areas in which you have experience.

**Areas of Interest    Areas of Experience**



\_\_\_\_\_

\_\_\_\_\_

Greeting Yogis (between 3-7 pm on course opening days)

\_\_\_\_\_

\_\_\_\_\_

Leading Tours for New Yogis (between 3-7 pm on course opening days)

\_\_\_\_\_

\_\_\_\_\_

Assisting with Housekeeping

Computer work (check any that apply):

\_\_\_\_\_

\_\_\_\_\_

Data Entry     Microsoft Word     Excel

\_\_\_\_\_

\_\_\_\_\_

Helping with mailings (stuffing envelopes, labeling, etc.)

List any other skills, interests or hobbies you could share.

Please briefly list your IMS retreat experience.

How did you become interested in the IMS volunteer program?

Have you volunteered for IMS in the past? Yes  No  If so, what jobs did you enjoy?

Please list any other volunteer experience you have.

Physical limitations: Yes  No  If so, please describe.

Please indicate your availability below: Circle all days and times that apply.

Mornings	M	T	W	Th	F	Sa	Su
Afternoons	M	T	W	Th	F	Sa	Su
Evenings	M	T	W	Th	F	Sa	Su

Are you interested in an ongoing commitment? Yes  No  Possibly

If yes, how frequently could you come? Weekly  Every Retreat  Monthly  Other

Is there any additional information about your schedule that we should know about?

Do you live close enough to IMS so that volunteering for just a few hours would be feasible? Yes  No

*I acknowledge that all the information I have included in this application is true and complete. 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 return your completed form to:

Éowyn Ahlstrom  
HR Department  
IMS  
1230 Pleasant St  
Barre, MA 01005  
Email: [volunteer@dharm.org](mailto:volunteer@dharm.org)

Thank you for applying!

Please be sure to also complete the following emergency contact information sheet.

## Emergency Contact Information

Your Name \_\_\_\_\_

### Persons to Contact in Case of an Emergency

Primary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

### Health Insurance Information

Health Insurance Company \_\_\_\_\_ Your ID# \_\_\_\_\_

Your Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_