



**Family Retreat
Young Adult Helper Application**

Your Name _____ Today's Date _____

Address _____

City/State/Zip _____

Email _____ Phone _____

Age You Will Be at Time of this Retreat _____

Please describe your childcare experience:

Please list any retreats you may have attended at IMS and/or affiliated centers (e.g. CIMC, Spirit Rock, Gaia House, etc.). Include retreat dates:

Why are you interested in volunteering as a Young Adult Helper at this retreat?

How did you learn about our need for such volunteers?

State the age groups you prefer to work with (in ascending order 1, 2, 3, etc.):

Ages 2-5 _____ Ages 6-7 _____ Ages 8-9 _____ Ages 10-11 _____ Ages 12-14 _____

List three references (not related to you) who have known you for two years or more. Please include one person who is familiar with your childcare experience, and one person who knows your general character.

1. Name _____ Daytime Phone _____

2. Name _____ Daytime Phone _____

3. Name _____ Daytime Phone _____

In case of emergency, please provide the name of your doctor and two relatives or friends we could contact:

Doctor _____ Phone _____ Town/State _____

Primary Contact _____ Phone _____ Relationship _____

Secondary Contact _____ Phone _____ Relationship _____

YAH Commitments

In order to be a YAH you must make the following commitments:

1. You must arrive at IMS to attend a day and a half of training and center set-up before the retreat begins.
2. You must commit to staying and actively helping on closing day until IMS has been returned to its usual condition.
3. You must be able to be self-regulating, meaning that you will show up to your group on time and serve it thoroughly, in any way that is necessary for your group to function well.
4. You need to commit to going to bed by 10:30 pm, and to not entering rooms occupied by members of the opposite sex (same as Teen Retreat rules).

YAH applicant: please sign below to indicate that you can make the above commitments and that all the information you have provided here is true.

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.

YAH Applicant Signature _____ Date _____

Parent or Guardian: please sign below to indicate your consent of the YAH applicant's participation in this program.

Parent or Guardian Signature _____ Date _____

Parent or Guardian Name (please print) _____

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

IMS Family Retreat Children's Program Coordinator
1230 Pleasant Street
Barre MA 01005
volunteer@dharma.org

Thank you for applying!