



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, registration@dharma.org (please don't include charge info in an email), or Fax: 978-355-6398.

Course code(s) you are interested in: _____ Dates of stay: _____

(In some cases, it may be possible to arrive a day or two before a teacher-led retreat begins. If you are interested, let us know.)

Your name _____

Address _____

City/State/Zip _____ Phone _____

Email Address _____

How do you identify your gender?

Female Male Transgender or gender diverse (e.g. gender queer, gender fluid, agender, etc.)

Which would be your preferred accommodation?

Floor for all genders/no preference Floor for women Floor for men

Year of Birth _____ Do you smoke? YES NO Do you snore? YES NO

Please indicate any physical disabilities or special needs to assist in assigning your room.

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:

Experience	Preference (1 or 2)	Department
		Kitchen – cleaning, dishwashing, general duties
		Housekeeping – cleaning, stocking supplies, laundry

A moderate level of physical fitness is required to participate in this program. 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

Note: Please DON'T INCLUDE CREDIT CARD INFO if sending by EMAIL or FAXING, call us instead.

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 _____