

## Staff Retreat Working Guest Application Form

Thank you for your interest in serving IMS as a volunteer. We deeply appreciate your generosity.

*Note that Staff Retreat Working Guest assignments are generally available only to those with previous IMS retreat experience of two weeks.*

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

Street Address, City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone #: cell \_\_\_\_\_ home \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

Occupation \_\_\_\_\_

The Staff Retreat lasts one week. Preference is given to those who can serve the entire retreat. Are you able to stay for the full seven days? Yes  No

If not, dates you can stay: \_\_\_\_\_

Why do you wish to be a Working Guest at this time?

List your retreat experience at IMS and elsewhere (including teachers, dates and lengths of retreats).

List your work experience at IMS, if any. Include staff, work retreat and volunteer positions, as well as departments and dates.

As a Working Guest, you agree to work approximately 30 hours per week. Work assignments depend on your skills and the needs of IMS at the time. Please indicate below your work experience and number your preferences: (N= no experience, E= some experience, V= very experienced)

Areas of Interest    Areas of Experience  
↓                                    ↓

- |       |   |
|-------|---|
| _____ | _____ General office and computer work including data entry |
| _____ | _____ Assisting with Housekeeping                           |
| _____ | _____ Food preparation and kitchen work                     |
| _____ | _____ General maintenance work                              |

Describe any limitations, physical or otherwise, that may restrict the type of work you are able to do. Are you able to lift 50lbs, as is required with certain assignments?

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

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 at work
- Other professional reference

1. Name \_\_\_\_\_ Work Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Work Relationship \_\_\_\_\_

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

3. Name \_\_\_\_\_ Work Relationship \_\_\_\_\_

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

During your participation in the IMS Working Guest program you will be expected to follow the following five training precepts:

- to refrain from harming living beings,
- to refrain from taking what is not freely given,
- to refrain from sexual misconduct,
- to refrain from lying, gossiping, or using harsh language,
- to refrain from taking intoxicants or (unprescribed) drugs.

I acknowledge that all the information I have included in this application is true and complete. I agree to uphold the five training precepts as listed above as long as I am a working guest at IMS. I authorize IMS staff to contact any of the individuals named 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 \_\_\_\_\_

Thank you for applying! Our HR & Executive Assistant, who coordinates our volunteer program, usually responds to applications within one week.

Please return your completed form to:  
HR & Executive Assistant, Insight Meditation Society, 1230 Pleasant Street, Barre MA 01005;  
[volunteer@dharm.org](mailto:volunteer@dharm.org) (or you can drop it off at the Retreat Center front office.)