## Teen Retreat Working Guest Application Form

Save this form to your computer first. Then close the browser window, open your saved file, and edit from there.

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

Note that Teen Retreat Working Guest assignments are generally available only to those with previous IMS retreat experience of at least one week.

Your name		Date
Street address, city, state ZIP		
Email	Cell number	Home number
Emergency contact name & phone	number	
Occupation		
Date you wish to arrive	Depart	
Why do you wish to be a Working	Guest at this time in your life?	
List your retreat experience at IMS  List your work experience at IMS, it and dates.		ers, dates and lengths of retreats). and volunteer positions, as well as departments
		er day. Work assignments depend on wyour interests and work experience.
Areas of interest Areas of experi	ience	
·	Housekeeping	
	Assisting in the Kitchen	

Describe any limitations, physical or otherwise, that may restrict the type of work you are able to do. Are you able

to lift 50 pounds, as may be needed occasionally in 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	Relationship
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Phone Email

2. Name Relationship

Phone Email

3. Name 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@dharma.org (or you can drop it off at the Retreat Center front office)