Teen Retreat Volunteer Application

Today's Date_____

Your Name _____

Address _____

City/State/Zip _____

Email _____ Phone _____

Occupation _____

Please describe your dharma practice background, including a list of any retreat experience.

Do you have paid or volunteer experience working with children and/or teens? If so, please provide organization name(s), dates of involvement, and reason for leaving.

Why do you wish to support this retreat? Please be specific.

What interests you most about working with teens?

What aspects of working with teens do you find most challenging, or do you think will be challenging for you?

Are there any activities or areas of expertise you would like to share with the teens?

1230 Pleasant Street • Barre MA 01005 • www.dharma.org

The Retreat Center
978.355.4378
rc@dharma.org

The Forest Refuge
978.355.2063
fr@dharma.org
Fax: 978.355.4307

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 in working with youth
- Other professional reference

1. Name _____

    Phone _____ Email _____

2. Name _____

    Phone _____ Email _____

3. Name _____

    Phone _____ Email _____

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.

Applicant Signature_____

Please return your completed form to:

Teen Retreat Volunteer Recruiter
IMS
1230 Pleasant St
Barre, MA 01005
Email: trvolunteer@dharma.org

Thank you for applying!

Please be sure to complete the attached emergency contact information sheet.

Emergency Contact Information

Your Name _____

Persons to Contact in Case of an Emergency

Primary Contact Name_____ Relationship to You_____

Address _____

Phone Numbers: Cell _____Home_____ Work _____

Secondary Contact Name_____ Relationship to You_____

Address _____

Phone Numbers: Cell _____Home_____ Work _____

Health Insurance Information

Health Insurance Company _____ Your ID# _____

Your Doctor's Name _____ Doctor's Phone _____