



Volunteer Application

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 as a volunteer. We appreciate your generosity. Note that volunteer assignments are generally available only to those with previous IMS retreat experience of at least one week.

Today's date

Your name

Address, City, State ZIP

Email

Phone

Occupation

Emergency contact name & phone

Please check the activities listed below that are of interest to you as a volunteer. Also mark those areas in which you have experience.

Interest Experience

Greeting yogis (from 3 p.m. to 7 p.m. on course opening days)

Leading tours (at 4:30 p.m., 5 p.m. or 6 p.m. on course opening days)

Assisting with Housekeeping (from 9 a.m. to noon or noon to 3 p.m. on course closing days)

Helping on Garden Days (one Sunday per month April-October)

Computer work (check any that apply):

Data Entry Microsoft Word Excel

Helping with mailings (stuffing envelopes, labeling, etc.)

List any other skills, interests or hobbies you could share.

Please briefly list your IMS retreat experience.

How did you become interested in the IMS volunteer program?

Have you volunteered for IMS in the past? Yes No If so, what jobs did you enjoy?

Please list any other volunteer experience you have.

Physical limitations: Yes No If so, please describe.

Please indicate your availability below: *Mark all the days and times that apply.*

Mornings	M	T	W	Th	F	Sa	Su
Afternoons	M	T	W	Th	F	Sa	Su
Evenings	M	T	W	Th	F	Sa	Su

Are you interested in an ongoing commitment? Yes No Possibly

If yes, how frequently could you come? Weekly Every retreat Monthly Other

Is there any additional information about your schedule that we should know about?

Do you live close enough to IMS so that volunteering for just a few hours would be feasible? Yes No

Please provide a reference from each of the categories listed below. Please provide names, phone numbers and email addresses for these references.

- Meditation teacher
- Someone who has supervised you at work

1. Name Relationship to you

Phone Email

2. Name Relationship to you

Phone Email

I acknowledge that all the information I have included in this application is true and complete. 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:

Nancy Burnett, HR & Executive Assistant
IMS, 1230 Pleasant St, Barre, MA 01005
Email: volunteer@dharmatrust.org

Thank you for applying!