



## Volunteer Application

Thank you for your interest in serving IMS as a volunteer! Note that volunteer 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 phone \_\_\_\_\_ Home phone \_\_\_\_\_

Emergency contact name & phone \_\_\_\_\_

Occupation \_\_\_\_\_

Please check the activities listed below that are of interest to you as a volunteer:

- \_\_\_\_\_ Greeting yogis (3-7 p.m. on opening days)
- \_\_\_\_\_ Leading tours for new yogis (4:30-7 p.m. on opening days)
- \_\_\_\_\_ Assisting with Housekeeping (9 a.m.-4 p.m. on closing days)
- \_\_\_\_\_ Helping on Gardening Days (one Sunday per month April-October)
- \_\_\_\_\_ Helping with mailings (stuffing envelopes, labeling, etc.)
- \_\_\_\_\_ Computer work (check any areas of experience):
  - Data entry
  - Microsoft Word
  - Excel

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 recent volunteer activities elsewhere:

Please list any physical limitations or other circumstances that may impact your volunteer service:

Please circle days and times you are available below:

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 might you be able to come?

Weekly  Every retreat  Monthly  Other

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

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

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 to you \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

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

3. 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 \_\_\_\_\_

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

**Please return this 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)