

IMS Working Guest Application Form

Thank you for your interest in serving IMS as a volunteer. Note that Working Guest assignments are generally available only to those with previous IMS retreat experience of at least two week-long retreats in the past 10 years.

Name	
Date	
Address	
Email address	
Best phone number(s)	
Occupation	
Emergency contact, name & phone	

Month or months you are available to serve: _____

Which department would you like to work in? Facilities Kitchen No preference

Are you willing to work in either department? Yes No

Why do you wish to be a working guest at this time in your life?

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 your work experience and interest from the list of below.

Experience	Interest	Type of Work
<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping, including window washing, deep cleaning and laundry
<input type="checkbox"/>	<input type="checkbox"/>	Gardening and lawn maintenance
<input type="checkbox"/>	<input type="checkbox"/>	Painting interior or exterior surfaces
<input type="checkbox"/>	<input type="checkbox"/>	Snow removal
<input type="checkbox"/>	<input type="checkbox"/>	Kitchen skills, including food preparation
<input type="checkbox"/>	<input type="checkbox"/>	Kitchen skills, including deep cleaning and pot washing

Do you have limitations, physical or otherwise, that may restrict the type of work you are able to do?
Yes No If yes, please describe.

Are you able to lift 50 pounds, as is required with certain assignments? Yes No

IMS Working Guest Application Form

Working Guests are typically assigned to help with retreat opening day tasks, which could include guiding group tours of the Retreat Center. Are you comfortable with public speaking?

Yes Somewhat No

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

List your retreat experience at IMS and elsewhere (including teachers, dates and lengths of retreats). Describe your spiritual practice and why you practice.

Please provide names, phone numbers and email addresses for three references. Preferred references are meditation teachers and work supervisors, although we also welcome other professional references.

	Name	Relationship to you	Email	Phone
Reference 1				
Reference 2				
Reference 3				

During your participation in the IMS Working Guest Program, you will be expected to follow the 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.

I understand that if a Working Guest position is confirmed for me, cancellation of my participation for any other reason than medical emergency will result in me being ineligible for another volunteer opportunity at IMS for one year from the date of cancellation.

Applicant signature: _____

Thank you for applying! We aim to respond to applications within one week of receipt.