



Retreat Center - Work Retreat Application Form

Please fill out and return, together with the \$50 processing fee, to:
IMS Retreat Center, 1230 Pleasant St., Barre, MA 01005, registration@dharma.org, or Fax: 978-355-6398 (please don't include charge info in an email or fax).

Course code(s) you are interested in: _____ Dates of stay: _____

(In some cases, it may be possible to arrive a day or two before a teacher-led retreat begins. If you are interested, let us know.)

Your name _____

Address _____

City/State/Zip _____ Phone _____

Email Address _____

How do you identify your gender?

Female Male Transgender or gender diverse (genderqueer, gender fluid, agender, etc.)

What pronoun do you use?: _____

Which would be your preferred accommodation?

Floor for all genders or no preference Floor for women Floor for men

Year of Birth _____

Please indicate any mobility or other limitations, or needs we should be aware of in assigning your room and having you on retreat with us.

Why would you like to be a Work Retreatant?

Have you done an IMS Work Retreat previously?

Yes No If yes, please indicate date(s) and department(s):

Depending on our needs, as well as your experience, we will assign you to help in either the Retreat Center Kitchen or Housekeeping department. Work Retreat tasks can be physically demanding, including some heavy lifting, with work periods totaling five hours each day. We appreciate your flexibility in serving where needed. Please indicate below the level of your experience (*N=no experience, E=some experience, V=very experienced*), and number your preference:

<u>Experience</u>	<u>Preference (1 or 2)</u>	<u>Department</u>
		Kitchen – cleaning, dishwashing, general duties
		Housekeeping – cleaning, stocking supplies, laundry

A moderate level of physical fitness is required to participate in this program. Describe any physical conditions that may limit your ability to work on a particular task or for up to five hours per day:

List teachers and dates of any previous *vipassana* (insight meditation) retreats: *Attach extra paper if necessary.*

Indicate any other meditation experience:

Please describe your current daily or weekly spiritual practice(s):

Are there any medical or psychological conditions that are important for us to know about, so we can better understand your needs regarding this retreat?

Yes No If yes, please describe:

Have you ever attempted to take your life?

Yes No If yes, please state when:

Are you currently taking any medications for physical or psychological conditions?

Yes No

If yes, please list each medication and the condition it is being used to treat:

Describe any present circumstances which might be placing you under additional stress or make meditation difficult for you (e.g., recent loss of a loved one or job, substance abuse, illness, fasting):

Meditation retreats can at times be psychologically and emotionally stressful. In the event of a psychological emergency, do you have a therapist or psychiatrist that we could contact?

Yes No

Name _____

Office Phone _____ Emergency Phone _____

Is your therapist aware you are attending this retreat? Yes No

Add any additional comments you would like to convey to the staff:

Payment Information: A Work Retreat Application requires a \$50 processing fee; this is only charged if you are confirmed to a Work Retreat.

My \$50 check is enclosed (payable to IMS).

Visa MasterCard

Note: Please DON'T INCLUDE CREDIT CARD INFO if sending by EMAIL or FAXING, instead you can make your payment once you are confirmed through our website here: <https://www.dharma.org/ims/balance.php> - you just select the retreat you are coming to from the pull-down menu at the top.

Credit Card # _____ - _____ - _____ - _____

3-Digit Verification Code (last three digits of the sequence on back of Credit Card) _____

Expiration Date _____ Cardholder Signature _____

Statement of Agreement

I have read the Retreat Center Work Retreat information. If accepted into the program, I agree to participate fully, exploring the integration of mindfulness practice with daily life activities. I agree to spend five hours each day serving the needs of the Retreat Center, with time off according to program guidelines.

I understand that IMS relies upon the invaluable contribution of Work Retreatants. I will inform the Retreat Center immediately of any change to my circumstances that affect my participation.

Signature _____ Date _____