



## Forest Refuge Retreat Application

We respectfully request that you answer all questions completely and honestly.

IMS's Forest Refuge program supports experienced meditators in sustained, longer-term retreat practice. Please review the retreat guidelines before proceeding.

An intensive silent personal retreat can be a positive and life-transforming experience. At the same time, the meditation practice can be strenuous and requires some stability of physical and psychological health. If you have recently experienced considerable trauma, significant depression or anxiety, or are currently experiencing strong PTSD (post traumatic stress disorder), **a silent personal retreat may not be appropriate for you at this time in your life.** Shorter, more structured retreats or daily life practice may be more beneficial meanwhile. To help you assess this, we urge you to discuss your situation with a therapist. Please contact our office if you have any questions or concerns.

Please fill out and return to: IMS Forest Refuge, 1230 Pleasant Street, Barre MA 01005  
Fax: (978) 355-4307

Your name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

How do you identify your gender?

Female \_\_\_ Male \_\_\_ Nonbinary/agender \_\_\_ Other (please specify) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Intended length of stay \_\_\_\_\_ Preferred dates of stay \_\_\_\_\_

COVID-19 Vaccine: IMS is committed to the safety of its guests, staff and teachers. Towards that end, IMS requires all participants in on-campus retreats to be fully vaccinated from the COVID-19 virus. Documentation of your completed vaccination will be required prior to your arrival on campus. Are you able to present documentation of your full vaccination prior to arrival at IMS.

Yes  No

As part of IMS's commitment to diversity and equity, we have an intention to increase the participation of people of color in our retreats. To bring this to fruition, we will hold a number of retreat spaces at the Forest Refuge specifically for people of color.

Please note, however, that unused spaces for any month will be released four months prior.

So we can support your participation, please make us aware if you self-identify as a person of color.

Yes  No

**We recommend that candidates have participated in at least one six-week structured and teacher-led insight meditation retreat, or six similar one-week retreats.**

Forest Refuge teachers may exercise their discretion in accepting or declining applications.

**Previous Forest Refuge retreats** — list teachers and dates:  
*Attach extra paper if necessary.*

**Previous Insight Meditation (or Vipassana) retreats of one week or longer** — list length of retreat, teachers and dates: *Attach extra paper if necessary.*

**Retreats in other traditions** — list teachers and dates:

Please describe your current daily practice:

Please list any medical or psychological conditions so that we may better understand your needs regarding this retreat.

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 of therapist or psychiatrist \_\_\_\_\_

Office Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

How well do you handle stress in your life? Are there recent circumstances (eg. loss of a loved one, illness, fasting, substance abuse, prolonged depression) or past history (eg. serious attempt to take your life) that might affect your retreat?

Do you have any experience from past retreats or from stressful psychological challenges you have faced that would help you work with these issues?

Do you have any history of physical illness or limitations that might be aggravated by or interfere with sitting and walking meditation?

Yes  No  If so, please describe:

Do you have any physical limitations that would prevent you from participating in the daily work period?

Yes  No  If so, please describe:

Intensive meditation may affect how your body and mind interact with medications, herbal or other treatments. Please consider consulting your health care provider to determine any potential complications. If it is helpful to advise us regarding your medications/supplements — so that we can address any needs or circumstances that may arise — please list them and the daily dosage:

Our capacity to support ongoing medical needs is very limited. Do you have any such needs that would require leaving the Forest Refuge during your retreat?

Yes  No  If so, please describe:

Please read the 'What You'll Eat' section of our website (in 'Participant Info'). Do you have any serious food allergies?

Yes  No  If so, please describe:

There is not the usual retreat structure at the Forest Refuge. **Have you thoroughly reviewed the practice guidelines? (We recommend that candidates have participated in at least one six-week structured and teacher-led insight meditation retreat, or six similar one-week retreats).**

Yes  No

Forest Refuge retreatants need to be self-sufficient and disciplined, maintaining a steady schedule of intensive practice. There are usually two dharma talks per week and two interviews with teachers are required each week. Is this sufficient support for you? *(Note: Some teachers may schedule more interviews and dharma talks than this.)*

Yes  No

Please describe the method of practice you would like to follow (eg. insight meditation, lovingkindness meditation, etc.):

The Forest Refuge offers some financial assistance. **(A minimum stay of 14 nights is required to apply.)** Are you interested in more information about this?

Yes  No

Do you have a teacher who is most familiar with your practice? Yes  No

May we contact her or him? Yes  No

Teacher's contact information \_\_\_\_\_

Where did you hear about the Forest Refuge? \_\_\_\_\_

I understand that if my application for a personal retreat at the Forest Refuge is approved, I must provide on arrival the name and contact details of an emergency contact person in order to attend the retreat. I will not be allowed to participate unless I have done so. IMS will make every effort to communicate with this person in the event of an emergency. This person is someone who can either collect me from IMS or help to make transportation arrangements if I need to leave the retreat early.

I further understand that participation in IMS programs is at the discretion of the teachers and IMS administration at all times. If, in the opinion of IMS, I am unable to continue to participate productively in the retreat, I may be asked to leave.

BY SIGNING MY NAME BELOW, I, (print name) \_\_\_\_\_ CONFIRM THAT ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND THE PRACTICE GUIDELINES AND REQUIREMENTS. IF AT ANY TIME MY CIRCUMSTANCES CHANGE, I WILL INFORM THE FOREST REFUGE.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_