## **IMS Month-Long Service Volunteer Application Form**

Updated: 12/5/2023

Thank you for your interest in serving as a Service Volunteer at IMS. Please note that Month-Long Service Volunteer 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         |  |

Service is from 1<sup>st</sup> to 30<sup>th</sup> of the month. Please list month or months you are available to serve:

Why do you wish to be a Month-Long Service Volunteer at this time?

List your work or volunteer experience at IMS including departments and dates:

As a Month-Long Service Volunteer, you agree to perform volunteer tasks approximately 30 hours per week. Service Volunteer assignments depend on your skills and the needs of IMS at the time. Please indicate your experience from the list of below.

| Type of Work         | Experience |
|----------------------|------------|
| Housekeeping         |            |
| Gardening and        |            |
| lawn maintenance     |            |
| Painting interior or |            |
| exterior surfaces    |            |
| Snow removal         |            |

Are you able to perform heavy physical work, sometimes in adverse weather conditions? This includes snow removal and lifting, carrying, pushing, or pulling objects weighing up to 50 pounds.

Month-Long Service Volunteers 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 tha  | t you would like us to know about.  |
|--|--|---|
| List your retreat experience at  | IMS and elsewhere (including tea   | chers, dates and lengths of retreats).  |
|  | relcoming place for all people. Plea<br>in and/or any experience working   | ase list any diversity, equity and inclusion with diverse populations.  |
| Describe your spiritual practice   | e and why you practice.  |   |
|  | numbers and email addresses fo minimum of one work supervisor  | r three references. Preferred references  |
| Name   | Relationship to you  | Email Address / Phone Number  |
|  |  |   |
|  |  |   |
| follow the five training precep  Refrain from harming livin  Refrain from taking what is Refrain from sexual miscon Refrain from lying, gossipin Refrain from taking intoxic I agree to uphold the five training at IMS. | ts: g beings s not freely given nduct ng or using harsh language ants or drugs not prescribed to me ing precepts as listed above, as lon | eer Program, you will be expected to<br>e by a licensed healthcare provider<br>g as I am a Month-Long Service Volunteer |
| I authorize IMS staff to con application.  | tact any of the individuals nam  | ed above as references regarding this   |
| I understand that successful co  | ompletion of a background check is   | s required for this volunteer opportunity.  |
|  | nould this application result in my value in my value.   | olunteering for IMS, my volunteer status  |
| participation for any other rea  | •  | is confirmed for me, cancellation of my result in me being ineligible for another ellation.                             |
| I acknowledge that all the info  | rmation I have included in this app  | olication is true and complete.   |

Thank you for your interest in volunteering at IMS!

Applicant signature & Date: \_\_\_\_\_