

IMS Teen Retreat Volunteer Application Form

Updated: 12/2/2023

Thank you for your interest in serving as a Volunteer at IMS. Please note that Teen Retreat Volunteer assignments are generally available only to those with previous IMS retreat experience of at least one week.

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

The Teen Retreat lasts 5 nights. Preference is given to those who can serve the entire retreat. Are you able to stay for the full 5 nights?

Why do you wish to be a Teen Retreat Volunteer?

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

As a Teen Retreat Volunteer, you agree to perform volunteer tasks approximately 6 hours per day. 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	
Kitchen work	

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

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).

IMS is committed to being a welcoming place for all people. Please list any diversity, equity and inclusion training you have participated in and/or any experience working with diverse populations.

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.

Name	Relationship to you	Email Address / Phone Number

During your participation as a Teen Retreat Volunteer, you will be expected to follow the five training precepts:

- Refrain from harming living beings
- Refrain from taking what is not freely given
- Refrain from sexual misconduct
- Refrain from lying, gossiping or using harsh language
- Refrain from taking intoxicants or drugs not prescribed to me by a licensed healthcare provider

I agree to uphold the five training precepts as listed above, as long as I am a Volunteer at IMS.

I authorize IMS staff to contact any of the individuals named above as references regarding this application.

I understand that successful completion of a background check is required for this volunteer opportunity.

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 Volunteer position is confirmed for me, cancellation of my participation for any other reason than medical emergency, may result in me being ineligible for another volunteer opportunity at IMS for one year from the date of cancellation.

I acknowledge that all the information I have included in this application is true and complete.

Applicant signature & Date: _____

Thank you for your interest in volunteering at IMS!