



Working Guest Application Form

Save this form to your computer first. Then close the browser window, open your saved file, and edit from there.

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

Your name _____ Date _____

Street address, city, state, ZIP _____

Email _____ Cell phone _____ Home phone _____

Occupation _____

Emergency contact name & phone _____

Month or months you are available to serve _____

Which department would you prefer 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 below.

Experience Interest

- Gardening, including spring/fall care of perennials, weeding and mulching
- Lawn maintenance, including mowing and weed-whacking
- Trail maintenance, including clearing brush and operating a chainsaw or bowsaw
- Tree husbandry, including pruning
- Painting exterior surfaces
- Painting interior surfaces
- Carpentry skills
- Plumbing skills
- Snow removal
- Housekeeping skills, including window washing, deep cleaning, and laundry
- Kitchen skills, including food preparation
- Kitchen skills, including deep cleaning and potwashing

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

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 three references from the categories listed below. References from the first two categories are preferred. Please provide names, phone numbers and email addresses for these references.

- Meditation teacher
- Someone who has supervised you at work
- Other professional reference

1. Name	Work relationship
Phone	Email
2. Name	Work relationship
Phone	Email
3. Name	Work relationship
Phone	Email

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

Please email this completed form to volunteer@dharma.org
HR Assistant, Insight Meditation Society, 1230 Pleasant Street, Barre, MA 01005, 978-355-4378 x225