

INSIGHT MEDITATION SOCIETY

Working Guest Application for Family Retreat

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. We deeply appreciate your generosity. Note that volunteer assignments are generally available only to those with previous IMS retreat experience.

Your name			Date	
Street address, city	v, state ZIP			
Email		Cell number	Home number	
Emergency contac	t name & phone numb	oer		
Occupation				
Date you wish to a	arrive	Depart		
Why do you wish t	o be a Working Guest	at this time in your life?		
List your retreat ex	perience at IMS and e	lsewhere (including teach	ners, dates and lengths of retreats).	
List your work exp	erience at IMS, if any.	Include staff, work retrea	t and volunteer positions, as well as c	departments
and dates.	, ,	,	'	'
			per day. Work assignments depend o ow your interests and work experience	
Areas of interest	Areas of experience			
•	₩ Hous	ekeeping		
	Assis	ing in the Kitchen		
Describe any limit	ations, physical or oth	erwise, that may restrict th	he type of work you are able to do. A	re you able

to lift 50 pounds, as may be needed occasionally in certain assignments?

Describe any other skills, work experience, or formal training that you would like us to know about.

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 Relation	nship
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Phone Email

2. Name Relationship

Phone Email

3. Name 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.

Applicant signature

Thank you for applying! Our HR & Executive Assistant, who coordinates our volunteer program, usually responds to applications within one week.

Please return your completed form to:

HR & Executive Assistant, Insight Meditation Society, 1230 Pleasant Street, Barre MA 01005; volunteer@dharma.org (or you can drop it off at the Retreat Center front office.)