

INSIGHT MEDITATION SOCIETY

Working Guest Application for Teen Retreat

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/state/ZIP				
Email	Phone #: cell	home		
Emergency contact name & pho	ne #:			
Occupation				
Date you wish to arrive	Depart			
Why do you wish to be a Workin	g Guest at this time in your life?			
List your retreat experience at IM	S and elsewhere (including teac	hers, dates and lengths of retreats).		
	if any. Include staff, work retre	at and volunteer positions, as well as departments		
and dates.				
		per day. Work assignments depend on low your work experience and number		
your preferences: (N= no exper				
Areas of Interest Areas of Expe	rience			
· 	Housekeeping			
	Assisting in the Kitchen			
Describe any limitations abusing	Low otherwise. that many reatrict	the time of well you are able to do. Are you able		

Describe any limitations, physical or otherwise, that may restrict the type of work you are able to do. Are 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	Relationship
	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				
	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)