

Samadhi Retreat Center

Tupadly 82, Libechov
277 21 Czech Republic

APPLICATION FOR VOLUNTEER RESIDENCY

(Please note that all information will be kept strictly confidential)

1. Date of Application	<input type="text"/>
2. Name	<input type="text"/>
3. Address	<input type="text"/>
4. Address Line2	<input type="text"/>
5. Country	<input type="text"/>
6. Email Address	<input type="text"/>
7. Telephone	<input type="text"/>
8. Date of Birth	<input type="text"/>
9. Gender	<input type="radio"/> Male <input type="radio"/> Female
10. Nationality	<input type="text"/>
11. Date you want to start residency	<input type="text"/>
12. Date you intend to leave residency	<input type="text"/>
13. Please list the work skills you have that could be useful to the Center. (For example: office skills, kitchen experience, gardening, construction, writing/editing, language skills, etc.)	<input type="text"/>
14. Do you have any physical conditions that might limit your ability to fully participate in the activities at the Center? (Please specify completely.)	<input type="text"/>
15. Do you have a regular meditation practice? (If so please describe.)	<input type="text"/>
16. Do you have any medical or psychological conditions that the Center or a doctor may need to know about?	<input type="text"/>
17. Are you currently taking any medication(s) for physical or psychological conditions? If so, please list the medication(s) and the condition(s) being treated?	<input type="text"/>
18. Do you have any allergies? (If so please list.)	<input type="text"/>

19. Are you covered by health insurance? Yes No

(If yes, please complete this section.)

Name of insurance company

Name of person who is insured

Their relationship to you

Individual's I.D. number

Group name and number

20. Please list contact information for your personal or family physician.

Name

Address

Telephone Email

21. Please list the person to be notified in case of emergency (**must be filled out**).

Name

Relationship to you

Address

Telephone Email

22. Are you currently seeing a therapist or counselor? Yes No

23. Are there conditions in your life that may be placing you under stress or that may make living at the Center difficult? (e.g. divorce or recent separation from relationship, substance abuse or withdrawal, death of a loved one, loss of employment, etc.) Please give details.

24. Do you have any additional information you care to add to this application?

- 25. The Volunteer understands that the Samadhi Retreat Center does not carry or maintain health, medical or disability insurance coverage for any Volunteer.
- 26. I acknowledge that all the information included in the application is true and complete. I have read the guidelines for residency (http://documents.ellipseinc.com/samadhi_staff_volunteer_guidelines.pdf) and understand and agree to the basic requirements and terms for residency. I agree to abide by these term and conditions, should I be accepted for residency

27. Signature 28. Date

For forms submitted by email, please fill in your full name on the signature line.