



Vipassana Meditation Center

386 Colrain-Shelburne Rd., Shelburne, MA 01370-9672

Tel. (413) 625-2160 • Fax (413) 625-2170

www.dhara.dhamma.org • info@dhara.dhamma.org

APPLICATION FORM FOR LONG TERM DHAMMA SERVICE

(CONFIDENTIAL - only for Teachers/Assistant Teachers and Course Coordinators)

First (Given) Name	Last (Family) Name	Phone: Home () -		
		Work () -		
Street Address/P.O. Box		Age: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/>		
City	State/Province	Zip/Postal Code	Country	Date of Birth: Yr _____ / Mo _____ / Day _____
Occupation				
E-mail Address:				

Native country: _____

Native language: _____

Other languages that you understand well: _____

Please provide details of your courses with S.N. Goenka or his assistant teachers.

First Course	Date:	Location:	Conducted by:
Most Recent Course	Date:	Location:	Conducted by:
Total Number of:			
Full 10-day Courses Sat:		Special 10-Day Courses Sat:	
Full 10-day Courses Served:		Part-Time/Short Courses Sat:	
Satipatthana Sutta Courses Sat:		Part-Time/Short Courses Served:	
20-Days or Longer Courses Sat (please give details):		Other Courses Served:	

Have you practiced any other meditation techniques (including other types of Vipassana) or therapeutic or healing techniques since your last course with S.N. Goenka or his assistant teachers? Yes No If yes, please give details.

Do you teach or practice on others? Yes No If yes, please give details.

Have you maintained your daily meditation practice since your last course? Yes No Please give details (how much time daily, etc.).

Have you maintained the five precepts since your last course? Yes No If no, please explain.

Have you consent of your parents/spouse/family members to stay at the center? Yes No

Are your family relations harmonious at present? Yes No

Which assistant teacher(s) know you well?

Do you have any physical health problems, medical conditions or diseases? Yes No
If yes, please give details (dates, symptoms, duration, treatment, present condition).

Do you have, or have you ever had, any mental health problems such as significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc.? Yes No
If yes, please give details (dates, symptoms, duration, hospitalization, treatment, present condition).

Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as marijuana, amphetamines, barbiturates, cocaine, heroin, or other intoxicants)? Yes No
If yes, please give details (dates, types, amounts, addictions, treatment, present use.)

Are you now taking, or have you taken within the past two years, any prescribed medication? Yes No
If yes, please give details (dates, types, dosage, present use).

1. When and where have you given Dhamma service?

2. What kind of service?

3. Why would you like to give long-term Dhamma service?

4. In which ways would you like to serve?

5. How long would you like to stay at the center? (give preferred arrival and leaving dates):

6. Do you have any skills in the following areas? Yes No

Administration <input type="checkbox"/>	Electrical <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Plumbing <input type="checkbox"/>
Carpentry <input type="checkbox"/>	Painting <input type="checkbox"/>	Gardening <input type="checkbox"/>	Cooking <input type="checkbox"/>
Translating <input type="checkbox"/>	Literary skills <input type="checkbox"/>	Computer / Internet <input type="checkbox"/>	Journalism/Media <input type="checkbox"/>

Other skills or work experience (please specify):

I acknowledge that I have carefully read and understood the "Code of Conduct for Dhamma Workers" and agree to abide by all the rules and regulations for the duration of my stay at the center.

Signature: _____

Date: _____