

Satchidananda Ashram – Yogaville

108 Yogaville Way, Buckingham VA 23921 434-969-3121 ext. 176

Application for Senior Living Yoga Training (LYT) Program and

General Support Staff Program

Application Date _____ Program you are applying for: _____

Arrival Date _____ Departure Date _____

First Name _____ Last Name _____

Gender ____ Age ____ Date of Birth _____

Address _____

Telephone (cell) _____ (day) _____ (evening) _____

Email Address _____

Marital Status _____ Occupation _____

Social Security# (Optional) _____

Both programs require prior experience as a LYT. Please describe your experience as a LYT, including dates, supervisor, and primary work assignments.

Why do you wish to be in the Senior LYT or Support Staff program?

What is your Integral Hatha level? Beginner I ____ Beginner II ____ Intermediate ____ Other ____

What is your meditation level? Beginner ____ Regular Practitioner ____

HEALTH RECORD

The following information is requested in order to better serve you and the Yogaville staff. If you answer yes to any of the following questions, please use a separate page for a complete explanation.

- Are you under medical treatment for any physical or psychological condition? Yes___ No ___
- Are you currently pregnant or trying to get pregnant? Yes___ No ___
- Have you ever been treated or hospitalized for a psychiatric condition? Yes___ No ___
- Do you have any long term medical conditions? Yes___ No ___
- Do you have any chronic physical limitations or disabilities? Yes___ No ___
- Have you had a serious illness or major surgery within the last 5 years? Yes___ No ___
- Do you have a communicable disease? Yes___ No ___
- Do you snore? Yes___ No ___
- Do you have any dietary or health restrictions? Yes___ No ___
- Are you in recovery from a drug/alcohol addiction or eating disorder? Yes___ No ___
- Do you have any hearing difficulties or vision impairment? Yes___ No ___
- Describe your weekly alcohol consumption and/or non-prescription drug use:

On a separate page or below, please list any prescription medication you are taking (indicate dosage and frequency of intake; we do not need to know about birth control or cosmetic prescriptions). Also please describe in detail any 'yes' answers you provided above.

EMERGENCY CONTACTS

In case of emergency, please contact:

Name_____

Phone # _____

My relationship to the person above: _____

Physician_____

Phone # _____email address _____

Therapist_____

Phone # _____email address _____

LEGAL INFORMATION

Have you ever been arrested? Yes___ No___

Have you ever been convicted of a felony or misdemeanor? Yes___ No___

If so, please give details

REFERENCES

Can a senior member of Satchidananda Ashram provide a reference for you? Yes ___ No ___

If so, who? _____

Do you have a mentor at Satchidananda Ashram? Yes___ No___

If so, who? _____

Recent employer:

Company/Organization: _____

Supervisor's name: _____

Phone # _____

Address _____

Email _____

Second reference: please indicate name, phone number, email and relationship to you:

Service Options

Up to Two weeks stay:

- ____ 10 service shifts + 2 kitchen clean-ups = Free stay
____ 8 service shifts + 2 kitchen clean-ups = \$15.00 per day
____ 6 service shifts + 2 kitchen clean-ups = \$20.00 per day

Two weeks stay or longer:

- ____ 10 service shifts + 2 kitchen clean-ups per week = Free stay
____ 8 service shifts + 2 kitchen clean-ups per week = \$100.00 for 2 weeks
____ 6 service shifts + 2 kitchen clean-ups per week = \$150.00 for 2 weeks

Arrival date: _____ Departure date: _____

No. of Days _____ x \$ _____ = \$ _____ (Amount Due)

No. of Weeks _____ x \$ _____ = \$ _____ (Amount Due)

Method of payment:

____ Check enclosed payable to SAYVA

____ Please charge my credit card below:

____ Visa ____ Mater Card ____ Discover

Credit Card # _____ Exp. Date _____

Name on credit card _____ Signature _____

Mailing Address: Satchidananda Ashram – Yogaville

108 Yogaville Way

Buckingham, VA 23921

Attn: General Support Staff Manager – Karuna Marcotte

Fax number: 1-434-969-1303 **Email Address:** arc@iyiva.org

We look forward to welcoming you and serving you. It is our hope that you will find the time you spend here enjoyable as well as enriching.

Wishing you Peace and Happiness Always. OM Shanti.

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STATEMENT OF PURPOSE AND AGREEMENT FOR THE SENIOR LYT and SUPPORT STAFF PROGRAMS

I desire to continue to be at Satchidananda Ashram by my own free choice, wishing to realize the True Self and to lead a peaceful, useful life filled with physical, mental and ethical perfection and the spirit of universal brotherhood. I realize that a disciplined body and mind and a life of dedication are necessary to attain this goal.

I seek to fulfill this goal with the help of the ashram environment. I affirm my intention to strive toward perfection in the precepts of Integral Yoga, such as truth, non-violence, dedication, and universal brotherhood, and I will try my best to observe them. I realize that the Ashram rules, authorities, and policies exist solely to help me gain this self-mastery, and I hereby affirm my intention to follow them to the best of my ability, with the help of Sri Swami Satchidananda, his teachings, and his Sangha.

I wish to continue learning the teachings of Sri Swami Satchidananda and experience the yogic way of life as taught at Satchidananda Ashram – Yogaville. Therefore, I agree to abide by the Ashram guidelines -- which include following a vegetarian diet and refraining from the use of alcoholic beverages, cigarettes or recreational drugs -- *both on and off Ashram grounds for the duration of the program*. I realize that if I do not comply, I may be asked to leave. I certify that I am in good health and have no physical or mental ailments, except as may be indicated on this application. I further agree to assume full responsibility for any injuries or damages that might occur to my property or me during my stay.

If I am accepted, I agree to make a six-month commitment to the Senior LYT program, or a commitment to working as support staff as agreed upon with the Ashram.

Name _____

Signature _____

Date _____