

Children's or Teenagers' Course
Application Form for Dhamma Workers

Dates of Course: From: _____ To: _____

Please complete this form, return it to the above address, and await confirmation. Please answer all questions fully. **All information will be kept strictly confidential.**

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

Please give details of your courses with S.N. Goenka or any of his assistant teachers?			
	Date	Location	Teacher(s)
First Course:	_____	_____	_____
Most Recent Full Course (Sat):	_____	_____	_____
Total Number of 10-day courses:	Sat Full Time _____	Served Full Time _____	
Others Sat: _____	Others Served: _____		
Number of Children's Courses Served: _____	Please give details of the most recent one below:		
Date _____	Location _____	Teacher _____	Your Role _____

<p>1. Have you practiced any other meditation techniques (including other Vipassana techniques) or therapeutic or healing techniques since your last course with S.N. Goenka or one of his assistant teachers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>a. If yes, please give details:</p> <p>b. Do you teach or practice on others? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:</p>
<p>2. Have you maintained your practice of Vipassana meditation since your last course?</p>
<p>3. Have you maintained the five precepts since your last course? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:</p>

Details of any experience you may have had with children/teenagers:

Check here if you are driving to the course and willing to be contacted by others seeking a ride:

(OVER)

Do you have any physical health problems, medical conditions or diseases?

No Yes 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?

No Yes If yes, please give details (dates, symptoms, duration, hospitalization, treatment, present condition).

Are you now taking, or have you taken within the last two years, any prescribed medication?

No Yes If yes, please give details (dates, types, dosage, present use).

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)?

No Yes If yes, please give details (dates, types, amounts, treatment, present use).

Have you ever been convicted of a crime involving physical abuse or sexual misconduct? ___Yes ___No

Have you ever been the subject of an investigation regarding physical abuse or sexual misconduct? ___Yes ___No

If you answered Yes to either of the above questions, please explain _____

I acknowledge that I have carefully read and understood the “*Code of Conduct for Dhamma Workers*”, and I agree to abide by all the rules and regulations while I am at the Center.

I hereby certify that the above information is true to the best of my knowledge.

Signature

Date