

THE MOUNTAIN HERMITAGE
Manifesting Spiritual Aspiration By Deepening Practice:
People Of Color Retreat for Experienced Students
with Gina Sharpe & Larry Yang
August 16-25, 2015

APPLICATION FORM

Please read the *Introduction* and *Practice Guidelines* before completing this application form. We respectfully request that you answer all questions completely and honestly. Applications and deposits are requested by May 31, 2015. Late applications will be considered on a space available basis.

This form is confidential and will be seen only by the *Hermitage* retreat teacher(s), and will be destroyed at the end of the retreat.

Name:

Address:

City/State/Zip/Country:

Phone:

Email:

Date of Birth:

Gender:

Occupation:

Please provide dates, locations and teachers of previous *Vipassana* or *Metta* retreats. (Applicants for the POC retreat must have a practice of 4 or more years and have sat three or more 5-7 day retreats.) Attach additional sheet if necessary.

List dates, style of practice, duration, and locations of any intensive meditation practice in self-retreats: Attach additional sheet if necessary.

Dates, teachers, and duration of retreats in other traditions:

Describe your current daily practice:

Which teacher is most familiar with your practice?

May we contact him or her? *Yes / No*

Contact information for teacher.

Names and contact information of other teachers we may contact as references.

How do you self-identify your racial/ethnic heritage or background?

How do you self-identify your sexual orientation?

How do you self-identify your gender identity?

Do you identify as a person experiencing a disability or disabilities? *Yes/ No*

If so, how would you describe your experience?

Are you a person affected by Multiple Chemical Sensitivities (MCS), or Chemical Illness (CI), or Environmental Illness?
Yes / Somewhat / No

Are you currently in treatment with a therapist or psychiatrist? *Yes / No*

Therapist's Name:

Office phone:

Emergency Phone:

Psychiatrist's Name:

Office phone:

Emergency Phone:

Is your therapist and/or psychiatrist aware that you are attending this retreat? *Yes / No*

Is your therapist and/or psychiatrist familiar with the demands of a meditation retreat? *Yes / No*

In the event of a psychological emergency, may we contact your therapist and/or psychiatrist? *Yes / No*

Have you ever been diagnosed with a psychological condition or mental illness? *Yes / No*

If so, describe the diagnosis, treatment and dates.

Are your symptoms currently well controlled? *Yes / No*

If no, please describe your current symptoms:

Have you ever made a serious attempt at taking your life? *Yes / No*

If so, please state when, and what treatment you have had following this attempt:

Do you have any history of emotional instability during intensive meditation retreats? *Yes / No*

If so, please describe:

How do you assess your current ability to work with emotional swings?

Do you have any history of physical illness or limitations that might be aggravated by or interfere with sitting and walking meditation? *Yes / No*

If so, please describe:

Do you have any physical limitations that would prevent you from participating in the daily work period? *Yes / No*

If so, please describe:

Are you currently taking any prescription medications for physical or psychological conditions? *Yes / No*

If so, please list each medication and daily dosage, as well as the condition it is being used to treat:

Are you currently taking any non-prescription medications or food supplements? *Yes / No*

If so, please list each medication/supplement and daily dosage:

Do you currently smoke cigarettes? *Yes / No*

If so, how many pack of cigarettes per day? _____

Do you currently drink alcohol on a regular basis? *Yes / No*

If so, have you ever had any problems abruptly stopping alcohol usage?

Do you currently use any recreational drugs (e.g. marijuana, cocaine, ecstasy)? *Yes / No*

If so, are you able to abstain from all recreational drugs during your retreat? *Yes / No*

Our capacity to support ongoing medical needs is very limited. Do you have any medical needs that require leaving this 10 day POC retreat? *Yes/No*

If so, please describe:

We offer a simple, balanced vegetarian diet. Our capacity to accommodate customized diets is limited. Do you have any specific medical food needs or allergies that would not be provided for in our diet? *Yes / No*

If so, please specify:

Describe any present circumstances creating additional stress for you that may make meditation more difficult (e.g. recent loss of a loved one or job, illness, fasting, etc.):

The retreat is a silent environment. Long-term retreatants need to be at ease with both silence and solitude. Would this environment be problematic for you? *Yes / No*

Have you thoroughly reviewed and understood the *Introduction* document? *Yes / No*

If you have any questions relating to the *Introduction* and *Practice Guidelines*, or any other aspect of the retreat, please ask them here:

Please write a detailed statement describing your intentions for practice. Attach additional sheet if necessary.

Fees are on a sliding scale to allow you to pay according to your means. Please note that the mid-range fee will cover our actual costs. Please pay at least that amount if you are able.

Sliding Scale: \$744 (low) \$994 (actual cost) \$1244 (benefactor)

Please indicate the amount you are able to pay _____ (Any amount paid above the mid-range is a tax-deductible donation.)

There will be ample scholarship support available for this retreat. Are you applying for scholarship support?
Yes / No

If *Yes*, please fill out and include a scholarship application form along with this application form. If you would like to make a tax-deductible donation to *The Mountain Hermitage Scholarship Fund* to help others attend this retreat, please indicate the amount _____

Any *dana* offered to the teachers or *Hermitage* staff (cook and retreat manager) is over and above the retreat fees listed above. Please see *dana* section in *The Mountain Hermitage Practice Guidelines* document for more information.

Please indicate the deposit you are enclosing with this application _____ (Minimum deposit for non-scholarship applicants is \$300. Minimum deposit for scholarship applicants is \$200.)

How did you hear about this retreat?

- ____ Attended previous *Hermitage* retreat(s)
- ____ *Hermitage* e-mail flyers or e-newsletter
- ____ Printed flyer
- ____ Advertisement in *Buddhadharma Magazine*
- ____ Advertisement in *Inquiring Mind Magazine*
- ____ Word of Mouth
- ____ Other (Specify) _____

EMERGENCY CONTACT

In the case of any emergency where you may need support or assistance, who may we contact on your behalf? Please provide the name of someone who would be available during your stay at the retreat.

Name:

Phone:

Email:

Relationship:

Alternate contact, if available:

BY SIGNING MY NAME BELOW, I, (PRINT NAME)

CONFIRM THAT ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. IF AT ANY TIME MY CIRCUMSTANCES CHANGE, I WILL INFORM *THE MOUNTAIN HERMITAGE*.

SIGNED:

DATE:

PLEASE SEND ABOVE FORM, WITH YOUR DEPOSIT (Made payable to: *THE MOUNTAIN HERMITAGE*) TO:

THE MOUNTAIN HERMITAGE
PO BOX 807
RANCHOS DE TAOS
NM 87557
USA

You will be informed of your acceptance status within one month after your application and deposit have been received. Your deposit will be applied to the total retreat cost with the balance due upon your arrival at the retreat or before. Your deposit/application fee will be refunded in full if you are not accepted for participation in the retreat.

THANK YOU – AND MAY YOU BE VERY WELL AND HAPPY