

**THE MOUNTAIN HERMITAGE**  
**Samatha/Concentration Retreat**  
**Teacher: Venerable Dhammadipa**  
**December 5 - 12, 2021**  
**Blue Sky Retreat @ San Geronimo, Taos, NM**

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 no later than November 1, 2021. Late applications will be considered on a space available basis.

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

Name:

Address:

City/State/Zip/Country:

Phone:

Email:

Date of Birth:

Pronoun(s):

Occupation:

Please provide dates, locations and teachers of previous Buddhist retreats. Applicants must have a sincere interest in the Dhamma and in sitting this retreat. Some retreat experience is helpful.

List dates, style of practice, duration, and locations of any meditation practice in self-retreats:

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.

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 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:

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 be as specific as possible.

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

Do you have any medical needs that will require you to leave the retreat? Yes/No

If so, please describe:

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.):

Have you thoroughly reviewed and understood the Introduction and Practice Guidelines 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.

Add any additional comments you would like to convey to the teacher.

### Update on TMH's COVID - 19 Protocol

*It is our deep hope that this retreat will be held in-person. However, as you all know, it is hard to predict the future. We want to make sure that everyone participating at a TMH retreat will be safe. We will continue to seek guidance from our NM department of health and the CDC as well as from our Board, teachers, and staff.*

*Part of this application process includes asking you to submit a copy of your vaccination card along with your application form.*

*We also ask that you agree to wear a mask when in a space with other people, and agree to follow certain guidelines that will help us all stay healthy.*

We are still in the process of figuring out how to work with our small meditation hall spaces. If you have any questions or concerns, please don't hesitate to contact us. Thank you again for your support of TMH and for your patience and understanding.

**FEES** are on a sliding scale to allow you to pay according to your means. Please pay at least the mid-range amount if you are able to allow others to attend who need to pay less. *Note that the mid-range amount represents the actual cost of the retreat.*

#### Sliding Fee Scale:

**\$745 (low)      \$945 (actual cost)      \$1181 (benefactor)**

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

The refundable deposit for this retreat is: \$275

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 Lion's Roar or Tricycle Magazines

\_\_\_\_ 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 for you during this online/at home 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 THIS 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.

THANK YOU – AND MAY YOU BE VERY WELL AND HAPPY