



# Vipassana Meditation Course

## APPLICATION FORM FOR DHAMMA SERVICE

Course Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

1. Check here if you are driving and willing to be contacted by other students seeking a ride to the course:
2. Do you understand English well? No  Yes  If no, please explain (extent of English, native language, other languages).

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

	Date	Location	Teacher(s)
First Course	_____	_____	_____
Most Recent Course	_____	_____	_____
Total Number of 10-Day Courses: Sat Full Time _____ Served Full Time _____			
Other Courses Sat (specify): _____			
Other Courses Served (specify): _____			

1. 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? No  Yes 
  - a. If yes, please give details.
  - b. Do you teach or practice on others? No  Yes  If Yes, please give details.
2. Have you maintained your practice of Vipassana meditation since your last course? No  Yes   
Please give details (how much time daily, etc.).
3. Have you maintained the five precepts since your last course? No  Yes  If No, please explain.
4. Check here if you will be coming early to help with set-up:
5. If you are not serving the entire course, please give your arrival date and hour: \_\_\_\_\_  
and departure date and hour: \_\_\_\_\_

(Continued on other side)

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 past 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).

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 realize that a Vipassana meditation course is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it. I hereby certify that the above information is true to the best of my knowledge.

Signature

Date