

Karma Yoga Program Application

When you apply, please send us:

- this application
- this medical questionnaire
- a resume or work history from the past 10 years
- two references (names and phone numbers only)

Then mail, email or fax these to the address above. All applications are kept confidential. For further questions, please call or email Trimurti Motyka (see contact information above).



Trimurti Motyka
Director of the Karma Yoga Program

Once your application is received and reviewed, we will be contact you as soon as possible regarding your acceptance into the program. The

Karma Yoga Program fee is **\$400 for a 2 week to 1 month stay**. (This fee includes the cost of [The Art and Science of Raja Yoga](#) by Swami Kriyananda, used as a study guide during the program, and which is yours to keep.)

Additional time in the program – up to 3 months – is possible upon approval at an additional **\$400 per month**.

We require a \$100 non-refundable deposit to make your reservation. If you cancel or reschedule, \$50 of your deposit will be held as a credit for you for 1 year. If you paid more than the deposit, the excess will be refunded to you.

Date _____

Name _____

(Name you prefer to be called, if different)

Street address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____

E-mail _____

Good time to call _____

Gender Male Female Age _____

Marital Status Single Married Separated Divorced Widowed

Background Information

Please answer the following questions as briefly or as in depth as you prefer. Feel free to attach additional pages to answer any of the following questions.

1. How did you hear about us?

2. Why would you like to be part of this program?

3. Have you ever lived in an ashram environment or participated in a similar program such as our Karma Yoga Program before?

Yes (please specify location/program and approximate dates below) No

4. What, if any, is your previous experience with Ananda?

5. What is your previous experience with the spiritual path in general?

6. The Expanding Light Retreat, as part of Ananda, is dedicated to following the non-sectarian teachings of Paramhansa Yogananda. While we do not proselytize, this is the spiritual tradition that is expressed here. Because the Karma Yoga Program guests spend at least two weeks at our Retreat, it's important that they be open to learning and experiencing what we share here. Our spiritual life is dedicated to God and our particular lineage of yoga masters, including Jesus Christ and Paramhansa Yogananda. Is this comfortable for you?

Yes (please explain why) No

7. What are your preferred dates for participating in this program?

8. Daily service includes dish-washing (with heavy pots and pans) and housekeeping (cleaning bathrooms, vacuuming, etc.). Will you be able to handle this in a responsible and energetic fashion?

Yes No

9. Do you have special skills such as gardening, carpentry, housekeeping, or cooking?

Yes (please specify below) No

10. Are you willing to share a small room with bunk beds with one other person (same gender) in our Karma Yoga Program housing?

Yes No

11. Are you willing to commit to attending at least one session of yoga postures and meditation per day?

Yes No

12. Are you willing to commit to not using drugs or alcohol either on or off the property while you're in the Karma Yoga Program?

- Yes No

13. Can you bring your own tent to live in (applicable May through October)?

- Yes No

14. Is the address given above your permanent residence?

- Yes No (please explain why not)

15. Do you have a residence to return to at the conclusion of your stay in the Karma Yoga Program?

- Yes No (please explain why not)

16. a. Do you have your own transportation to the Karma Yoga Program?

- Yes No

b. If not, will you be taking public transportation?

- Yes No

We can help by scheduling transportation for you.

17. Have you ever been convicted of a felony?

- Yes (please explain below) No

Medical Questionnaire

Dear Applicant,

It is very important that you answer the following questions completely and truthfully, as your physical, mental and emotional health are important factors in determining how our programs can best work for you. The Karma Yoga Program requires that you participate in a variety of activities—some more strenuous than others. To help us decide if this program is right for you, please answer the questions below. All responses are confidential.

Today's Date _____

Your Name _____

Birth Date _____

1. Do you smoke?

Yes No

2. Please briefly describe your current overall health.

3. Any back trouble now or in the past?

Yes (please describe below) No

4. Any trouble with joints (knees, shoulders, ankles, etc.)?

Yes (please describe below) No

5. Blood pressure

a. How is your blood pressure?

Normal High Low **Date last checked:** _____

b. Have you ever taken blood pressure medication?

Yes No **If yes, how recently?** _____

6. Heart Health

a. Is your heart healthy?

Yes

No

b. Any history of heart attack?

Yes (please describe below)

No

7. Check any of the following you have now or have had in the past:

Chronic headaches

Stroke

Allergies

Ulcers

Diabetes

Food Allergies

Chemical Sensitivities

Please explain in detail if you have checked any of the above.

8. Do you snore?

Yes

No

9. Do you have any other physical limitations or health concerns?

Yes (please describe below)

No

10. Are you currently seeing, or have you seen in the last five years, a physician or therapist for any physical conditions or mental illness?

Yes (please describe the conditions below)

No

11. Are you now taking any medications?

Yes (specify conditions and what medication below) No

a. Conditions _____

b. Medication _____

c. How often? _____

12. The practice of yoga and meditation requires focused physical and mental concentration.

Do you have any mental conditions that would in any way impair your ability to engage in rigors of this kind?

Yes (please explain below) No

13. Have you ever had an alcohol or substance abuse problem?

Yes (please explain below) No

14. Have you ever been in an alcohol or substance abuse program, or any other program for mental or physical abuse?

Yes (please explain below) No

15. Women: Are you pregnant?

Yes, how far along? _____ No

16. In case of an emergency, who can we contact?

Name _____

Relationship _____

Street address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____

17. If you have questions or concerns about your diet, please elaborate in detail.

Important Note: Our kitchen offers a varied selection of vegetarian cuisine daily; however, we are unable to accommodate special dietary requirements.

18. Please provide two references:

Name _____

Phone Number _____ Work Title _____

Relationship _____

Name _____

Phone Number _____ Work Title _____

Relationship _____

Thank you for taking the time to fill out this application!