Ananda Center
LAURELWOOD

An Education for Life Campus - Programs, Retreats, Conferences

Ananda Center at Laurelwood, Inc.
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Cities of Light Residential Program Application

To apply, please complete and send:

1. Application
2. Two Reference Contacts
3. Medical questionnaire
4. Resume or Work History
5. $30.00 Application fee

Email or mail these to the address above as a Word or PDF document. All applications are kept confidential. Once your application is received and reviewed, we will contact you as soon as possible regarding your acceptance into the program.

The Application Fee of $30.00 can be paid by check or credit card online at:
http://anandalaurelwood.org/spiritual-internships/apply-now/

Because this is an in-residence program, the program fees are $1100 per month for 4 hours of service. This amount covers room and board (including 3 organic vegetarian meals served daily) and participation in community classes. This is a monthly program renewable each month (See our website for starting dates.)

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 Birthday _____ **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. **Please describe why you would you like to be part of our community.**

3. **Have you ever lived in an intentional community or participated in a similar program? If so, what was your experience like?**

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

4. **If you are comfortable doing so, please share your interests and experiences with a spirituality or a spiritual path (please type as much as you would like to share here or continue on another page).**

5. **Do you have any previous experience with Ananda? If so, please share.**

6. **Weekly service is scheduled in our kitchen, unless special arrangements are made for you to share a skill with our community. Do you have any additional special skills you would like to share? If so, please tell us more!**

7. **What is your preferred start date for this program (please choose from the list of First Timer's Weekends on our website at http://anandalaurelwood.org/first-timers-weekend/)? How long would you like to stay (from 2 weeks up to three months)?**

8. **Dormitory-style housing is provided with shared bathrooms on both our men's and women's floors. Private rooms may or may not be available. Are you willing to share a room with two twin beds with one other person (same gender) in our Program housing?**

   ☐ Yes ☐ No

9. **Ananda Center at Laurelwood, 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 Internship Program guests live at our facilities, 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 ☐ No

10. **Are you willing to commit to not using drugs or alcohol either on or off the property while you're in the Internship Program at Ananda Center at Laurelwood?**

☐ Yes ☐ No

11. **Have you ever been convicted of a felony?**

☐ Yes (please explain below) ☐ No

Please provide two references:

Name _____

Phone Number _____ **Email**_____

Please describe your relationship or how you have worked together below.

Name _____

Phone Number _____ **Email** _____

Please describe your relationship or how you have worked together below.

Thank you for taking the time to fill out this application

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 Internship 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. **Please briefly describe your current overall health.**

2. **Any back trouble now or in the past?**

☐ Yes (please describe below) ☐ No

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

☐ Yes (please describe below) ☐ No

4. **How is your blood pressure?**

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

Have you ever taken blood pressure medication?

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

5. **Is your heart healthy?**

☐ Yes ☐ No

Any history of heart attack?

☐ Yes (please describe below) ☐ No

6. 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.

7. **Do you snore?**

☐ Yes ☐ No

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

☐ Yes (please describe below) ☐ No

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

☐ Yes (please describe the conditions below) ☐ No

10. Are you now taking any medications?

☐ Yes (specify conditions and what medication below) ☐ No

Conditions _____

Medication _____

How often? _____

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

☐ Yes (please explain below) ☐ No

12. 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

13. **Do you smoke?**

☐ Yes ☐ No

14. **Women: Are you pregnant?**

☐ Yes, how far along? _____ ☐ No

15. **In case of an emergency, whom can we contact?**

Name _____

Relationship _____

Street address _____

City _____ State_____ Zip_____

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

16. **Do you have medical insurance? If so, please give us your medical insurance information:**

Name of Carrier_____

Expiration date of policy _____

Policy number_____

Deductible_____

Please bring your insurance card with you.

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; we can provide dairy-free and wheat-free alternatives, but we are unable to accommodate all special dietary requirements.