



## **An Education for Life Campus Programs, Retreats, Conferences**

### **Ananda Center at Laurelwood, Inc.**

38950 SW Laurelwood Rd.

Gaston, OR 97119

503-746-6229

[efl@anandalaurelwood.org](mailto:efl@anandalaurelwood.org)

## **Cities of Light Extended-Stay 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, and the application fee is paid, we will contact you regarding the status of your application.

The application fee of \$30.00 can be paid by check or by credit card online at <https://anandacenter.secure.retreat.guru/program/application-fee/?form=1&lang=en>

The fee for an extended stay is \$1500 per month. This amount covers room and board (including 3 vegetarian meals served daily) and optional participation in community classes. This is a month-to-month agreement with a 30-day minimum stay. Renewability is based on room availability and approval.

Date \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

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 to help us know you better.

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?**

- Yes (Please describe your experience, location, program, and dates)  No

**4. What are your interests and experiences with spirituality or a spiritual path?**

**5. Do you have any previous experience with Ananda?**

**6. Dormitory-style housing is provided with shared bathrooms down the hall on both our men's and women's floors. Private rooms are available for extended-stay participants. Does this type of housing meet your needs?**

- Yes  No

**7. Ananda Center at Laurelwood, as part of Ananda, is dedicated to following the universal teachings of Paramhansa Yogananda. While we do not proselytize, this is the spiritual tradition that is expressed here. Because you would be living at our facilities, it's important that you be open to understanding and experiencing our sense of community. Is this comfortable for you?**

- Yes  No

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

- Yes  No

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

- Yes; please describe.  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 facility can best work for you. To help us decide if this venue 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 conditions you have now or have had in the past:**

- Chronic headaches     Stroke     Allergies  
 Ulcers     Diabetes     Food Allergies  
 Chemical Sensitivities

**Please describe any checked conditions.**

**7. Do you snore?**

- Yes     No

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

- Yes (please describe below)     No

**9. Do you need any special accommodations?**

- Yes (please describe below)     No

**10. 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 below)     No

**11. Are you now taking any medications?**

- Yes (please specify below)                       No

Conditions \_\_\_\_\_

Medication \_\_\_\_\_

How often? \_\_\_\_\_

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

- Yes (please explain below)                       No

**13. 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

**14. Do you smoke?**

- Yes     No

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

- Yes, how far along? \_\_\_\_\_  
 No

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

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Street address \_\_\_\_\_

City\_ \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**17. Do you have medical insurance? If so, please provide your medical insurance information:**

Name of Carrier \_\_\_\_\_

Expiration date of policy \_\_\_\_\_

Policy number \_\_\_\_\_

Deductible \_\_\_\_\_

*Please bring your insurance card with you.*

**18. Do you have specific requirements or concerns about your diet? please describe.**

Yes (please describe below)

No

*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.*