



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

**Ananda Center at Laurelwood, Inc.**  
38950 SW Laurelwood Rd.  
Gaston, OR 97119

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### **Karma Yoga Internship 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.

Because this is an residential-student program, the program fee is currently \$1,350 per month with 4 hours of service each week. This fee includes a private room, three vegetarian meals served daily, utilities, access to 225 acres of Ananda Laurelwood, exploration of spiritual teachings of Paramhansa Yogananda, participation in group meditation, yoga sadhana, and community classes, mentoring in conscious community living, and spiritual and energetic benefits of living in community. This is a monthly program renewable each month.

Date \_\_\_\_\_

Name \_\_\_\_\_

Current address \_\_\_\_\_

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

Best number to reach you: (\_\_\_\_\_) \_\_\_\_\_  Check if mobile #

E-mail \_\_\_\_\_ Good time to call \_\_\_\_\_

Gender  Male  Female Birthday \_\_\_\_\_ Age \_\_\_\_\_

### **Background Information**

1. How did you hear about us?

2. Please describe why you would you like to stay in our community.

3. Have you ever lived in an intentional community or participated in a similar program?

Yes; please describe.  No

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

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

Yes; please describe.

No

**6. All internships focus on service in our vegetarian kitchen and retreat center. Depending on our personnel resources and the changing needs of our retreat center, there may be an opportunity for you to help in other areas. To help us schedule your internship hours, do you have any special skills or experience that you would bring to the internship program?**

Yes; please describe.

No

**7. 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

**8. What is your preferred start date for this program? How long would you like to stay?**

**9. 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

**10. 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

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

Yes; please describe.

No

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

## Personal References

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.

## 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 Cities of Light program requires that you participate in a variety of activities—some more strenuous than others. To help us determine if this program is right for you, please answer the questions below. All responses are confidential.

1. **Please describe your current overall health.**

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

Yes; please describe.  No

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

Yes; please describe.  No

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

Normal  High  Low **Date last checked:** \_\_\_\_\_

5. **Have you ever taken blood pressure medication?**

Yes; Date: \_\_\_\_\_  No

6. **Is your heart healthy?**

Yes  No; please describe.

7. **Any history of heart attack?**

Yes; please describe.  No

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

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Chronic headaches      | <input type="checkbox"/> Stroke   | <input type="checkbox"/> Allergies      |
| <input type="checkbox"/> Ulcers                 | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> Chemical Sensitivities |                                   |   |

**Please described any checked conditions.**

**9. Do you snore?**

- Yes  No

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

- Yes; please describe.  No

**11. 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.  No

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

- Yes; please specify.  No

Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Frequency: \_\_\_\_\_

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

- Yes; please describe.  No

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

Yes; please describe.

No

15. **Do you smoke?**

Yes

No

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

Yes; due date: \_\_\_\_\_

No

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

Name \_\_\_\_\_

Relationship \_\_\_\_\_

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

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

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

18. **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.*

19. **Do you have questions or concerns about your diet?**

Yes; please describe.

No

**Important Note:** *Our kitchen offers a varied selection of vegetarian meals daily; we can provide dairy-free and wheat-free alternatives, but we may be unable to accommodate all special dietary requirements.*