RETURNING KARMA YOGI PROGRAM

INTRODUCTORY INFORMATION

The intent of this sheet is to provide clear information to prospective participants interested in returning to the Ashram for a Karma Yoga stay during the 2020 COVID-19 period. The application form below allows us to update the information we have about your health, diet, etc and clarify your intentions for this proposed stay.

You can also apply to extend your stay to further enrich your experience (see below).

Yasodhara Ashram Reminders:

Drugs and alcohol

Drugs and alcohol are not permitted in this program. Neither drugs nor alcohol are necessary for spiritual growth.

Upon your arrival you will be asked to sign an agreement that you will not use or possess any of these substances while you are here. Anyone found possessing or using these will be asked to leave the Ashram within 24 hours. There is a designated smoking area in the parking lot at the southern end of the Ashram for people who smoke tobacco.

Relationships and dress code

At the Ashram, we invite you to enter a community of inner-directed energy, which includes the practices of celibacy and speech awareness. While here, you have the opportunity to look inward and develop a solid foundation for yourself. Because our focus is on character building, self-reliance and emotional independence, we do not encourage romantic or exclusive relationships.

We ask you to support this self-reflective atmosphere by wearing modest clothing that will be comfortable for you to work in. We also ask that you wear clean clothes to classes and in the Temple.

We understand that dress can be a sensitive area, relating to self-image and the cultural history of gender inequality, and that "modesty" is understood differently in different social contexts.

If you are unsure about dress at the Ashram, please ask us and we will be happy to discuss it.
Daily Schedule:

Each day includes a schedule from 6:50 am to approximately 8:15 pm, including some free time. During that period, you will be offering Karma Yoga for up to 8 hours. This includes work in areas of the Ashram such as Hospitality, Kitchen or Grounds, as well as occasional breakfast-making and evening dishes.

An outline of the typical daily schedule looks like this:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>6:50 – 7:50</td>
<td>Hatha Yoga class many mornings</td>
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<tr>
<td>8 - 8:30</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8:30 - 12:30</td>
<td>Karma Yoga (work as spiritual practice)</td>
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<tr>
<td>12:30 - 1:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30 - 3:30</td>
<td>Karma Yoga (variable hours)</td>
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<tr>
<td>3:30 - 4:00</td>
<td>Reflection Break</td>
</tr>
<tr>
<td>4:00 – 6:00</td>
<td>Karma Yoga (and/or personal time, variable hours)</td>
</tr>
<tr>
<td>6 - 6:30</td>
<td>Dinner</td>
</tr>
<tr>
<td>7:30-8:15</td>
<td>Satsang ‘Satsang’ is a Sanskrit word meaning “in the company of the wise”. The community gathers for devotional singing and talks about experiences on the spiritual path.</td>
</tr>
</tbody>
</table>

These times vary in the summer, for example, starting earlier, taking a longer mid-day break and finishing later when it is cooler in the garden.

Please note that all meals are eaten in silence to support personal reflection.

Extending Your Stay – Pathways to Living & Serving in the Ashram Community

We welcome you to consider whether you would benefit from an extended experience through our Pathways Program - this could start with a commitment for 3 months and could continue for 6 months, 1 year or 2+ years depending on your interests.

This program gives you the opportunity to deepen your spiritual focus and practices and expand your skills as you live and work alongside us as part of our community. You might become a team leader and eventually a teacher.

If you feel this could be a good fit for you, we will be happy to discuss possibilities.
APPLICANT INFORMATION

Name________________________________
Gender ____________________
Birth Date ___/___/___ Age______ (minimum 18 years)
Today’s Date ____________________________ (m) (d) (y)
Phone (____)___________________
E-Mail Address _______________________________________
Permanent Home Address ______________________________ City________________________
Province/State________ Post/Zip ____________________
Country _______________________

PERSON TO CALL IN EMERGENCY

Name__________________________________________________ Address
______________________________________
City __________________________________ ____________________ Province/State_______ Post/Zip
_______________
Country ________________________________
Phone (____)_____________________
E-Mail Address _____________________________________________
WHEN TO JOIN US

What is your preferred arrival and departure date? ______________________________________

If you are travelling by air or bus we can advise you on your arrival options.

FOOD

Food Category (Bold or circle ONE choice)

Most of our meals are vegetarian. We occasionally offer chicken or fish. Please indicate your food preference:

Occasional Chicken or Fish Occasional Fish Vegetarian Vegan

Food Intolerances (Bold or circle ALL that apply)

A food intolerance impacts digestion and does not involve the immune system. It is not life-threatening.

Wheat Dairy Gluten Soy Nightshades Dry Beans Corn Other: __________________________

YOUR STAY

How are you travelling?

____________________________________________________________________________________
HEALTH INFORMATION

Much of our work at the Ashram, especially in the summer and early fall is outdoors and of a physical nature – garden, orchard, grounds.

Are you currently in good health and able to offer moderate to strenuous physical work? Yes/No

Please identify any other skills or experience:

Cooking (Kitchen)
Food preserving (PK)
Building maintenance
Vehicle maintenance
Video
Audio
IT
Online Learning
Caregiving/nursing
Book-keeping
House-keeping
Other

Have you had any known exposure to COVID-19? Yes/No

If yes, please say when and how?

________________________________________________________________
_____________________________________________________________________________________

__________________________
__________________________

____
VACCINATION STATUS

Please confirm your COVID-19 vaccination status (Bold or circle ONE choice)

- Fully vaccinated including 2-week waiting period
- Partially vaccinated
- Not vaccinated

Please submit a copy of your vaccination card (if applicable) with this application.

If you are unvaccinated we welcome your participation in the Karma Yoga program. We ask you to make a commitment for two months. The first two weeks after your arrival we will support you to be in quarantine. Vaccinated Karma Yogis may propose a stay of two weeks and longer.

Emergency Medical Services: The Ashram is at least one and a half hours from the nearest hospital and three hours from larger hospitals with specialized services. Because of the Ashram’s isolated rural setting, ambulance services are not always immediately available; at best an ambulance takes half an hour or longer to arrive on the Ashram site. Although the Ashram has basic first aid and a medical clinic is nearby, the clinic is only open three days per week and is without emergency service; accordingly the Ashram’s ability to respond to medical situations is limited.

Given our remote location, health services can be quite costly for individuals who do not have adequate health insurance coverage. For example, one trip to the hospital in an ambulance costs about $400.00, just for the trip alone!

Allergies (Bold or circle ONE choice)

An allergic reaction can affect the skin, gastrointestinal, respiratory, immune or cardiovascular system.

I don't have significant allergies I'm moderately allergic I'm severely allergic (life-threatening)

Please list each allergy and degree of severity:

_____________________________________________________________________________________
_____________________________________________________________________________________
Physical Constraints (Bold or circle ALL that apply)

Do you have any physical constraints that could affect your participation in daily activities? None Back problems Knee problems I have trouble with stairs Other: ___________________________

Medical Concerns (Bold or circle ALL that apply)

None Coronary Diabetes Asthma Other: ___________________________

Are you currently taking any medications? (Bold or circle ONE choice)

Yes No

If yes, please list your current medications:

_____________________________________________________________________________________
_____________________________________________________________________________________

Have you had any critical illnesses or life-threatening medical incidents?

Yes No

If yes, please describe:

_____________________________________________________________________________________
_____________________________________________________________________________________
Do you have any communicable health conditions that may require extra precautions to be taken to protect others with whom you may be living (e.g., athlete’s foot)?

Yes No

If yes, please describe the condition and precautions you take.

Do you have any emotional or mental conditions that may affect you during your stay?

Yes No

If yes, please describe:

_____________________________________________________________________________________
_____________________________________________________________________________________

Are you currently under the care of a therapist, counselor or physician?

Yes No

If yes, please describe:

_____________________________________________________________________________________
_____________________________________________________________________________________

Do you smoke?
Are you currently or have you in the past struggled with substance abuse, dependency or addiction?

Yes No

If yes, please provide details including any treatment or recovery program:
_____________________________________________________________________________________
_____________________________________________________________________________________

What additional support would you need from us to enable you to be here given what you have stated above?
_____________________________________________________________________________________
_____________________________________________________________________________________

HEALTH COVERAGE

If you are from outside Canada, you will need to send us a copy of your health insurance policy that is valid for your time in Canada. If from Canada, you will need to have a valid health care card. Otherwise, you will need to purchase emergency travel insurance for your time here. Your acceptance into the program is dependent on this document.

What is the status of your health insurance coverage? Briefly describe the name of your plan, and what coverage it provides.
_____________________________________________________________________________________
_____________________________________________________________________________________
Do you have funds available to you to cover possible medical related costs that may be incurred while you are here at the Ashram?

Yes No

If yes, please describe how you would be able to access these funds in the case of an emergency.

_____________________________________________________________________________________

_____________________________________________________________________________________

FINANCIAL CONSIDERATIONS

This program is funded by donations given in a spirit of generosity and is offered to you, the program applicant, at no cost. The value of the room, board, tuition and services you receive for one month at the Ashram is approximately $2400. Delicious organic meals, shared accommodation, your weekly classes and half-day workshops are included.

We welcome any contribution you can offer towards mitigating these costs and thereby supporting the program. Please indicate your possible contribution:

I would like to make a contribution of $________ towards the cost of my participation in the Karma Yoga Program. Any amount above $600/week will be treated as a donation and eligible for receipt for tax purposes.

Also note that participants generally require about $100 each month to cover fees such as internet, telephone, laundry and other sundries. Sufficient funds must also be available to pay for your departure plans.

Do you have these funds available? Yes / No

We are fortunate that donations help us to maintain this program. Please consider encouraging others to donate (tax receipted) to the Ashram’s Learning & Outreach Fund which in part funds the Two Month Karma Yoga Program and our program for Returning Karma Yogis!

AGREEMENT

Returning Karma Yogi Application. Updated December 2021
When you register at Yasodhara Ashram you will be asked to sign an agreement taking full responsibility for yourself physically and emotionally. Drugs and alcohol are not permitted. We are a celibate ashram and the focus is on inner spiritual development. Are you willing to sign such an agreement? Yes____ No ____

ESSAY QUESTIONS

Please answer the following questions in-depth, essay style.

1. Why do you want to come to Yasodhara Ashram? What are you looking for in life?

2. What focus and learning goals would you like to set in place for this visit?

APPLICATION REVIEW

Please be sure to include:

1. Fully completed copy of this application form;

2. Responses to the in-depth essay questions;

Your application can be submitted by mail or email. In order to fully process applications, they must be received no later than 2 weeks prior to intake date. Feel free to contact us by phone or email with any questions, or for more information. If you need to make any date changes after you have applied, we need to hear from you at least one week ahead.

Yasodhara Ashram

PO Box 9 • Kootenay Bay BC • V0B 1X0 • Canada registrations@yasodhara.org yasodhara.org 250.227.9224 or 1.800.661.8711

Returning Karma Yogi Application. Updated December 2021