

(you may fill in this application on your computer and email it to us; or print it, fill it in by hand and mail it to us)

Polestar “Adventures In Spirit” Application

Contact: Marianna, infopolestar@gmail.com

Date _____

Name _____

(Name you prefer to be called, if different) _____

Contact Information:

Street Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____

Email _____

Good time to call _____

Gender: Male Female Age _____

Thank you for your interest in Polestar’s “Adventures In Spirit” program. This questionnaire is designed to help us get to know each other, and to let you know what to expect and what is expected of our participants.

1) Please share with us a little about yourself: your family and educational background, life experiences, jobs, talents, skills, and interests; whatever else you feel to share.

2) How did you hear about us?

3) What part(s) of Polestar's vision do you feel most drawn to?

4) What would you like to gain from your time here?

5) What would you like to share with others in the community?

6) Do you have a spiritual practice? Have you had any experience with yoga and meditation; or with the teachings of Paramhansa Yogananda?

7) Yogananda's ideal was a life of intense activity and deep meditation. In addition to the required work trade hours, we also ask that you participate in other ongoing community events including: Sadhana (spiritual practices) at least 3 or 4 times a week, normal house chores (including cooking, or helping cook once a week), occasional classes, work days, kirtans (group chanting) and adventures. Do you foresee any difficulty participating in this dynamic lifestyle?

8) Are you willing to commit to not using drugs or alcohol either on or off the property during your stay with Polestar?

Yes

No

9) Do you have a residence to return to at the conclusion of your stay at Polestar?

Yes

No (please explain why not)

Medical Questionnaire

- 1) Our program very often includes physical labor. Do you have any physical limitations or medical conditions we should be aware of?

- 2) Generally speaking, we are a lacto-vegetarian household. Do you have any special dietary needs or restrictions?

- 3) Do you smoke? Yes No

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

- 5) Are you now taking any medications? (If yes, please specify)

- 6) Have you ever had an alcohol or substance abuse problem? (If yes, please specify)

Emergency Contact Information:

Name _____

Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Please include at least 2 character references with contact information:

Name _____ Relationship _____

Phone _____ Work Title _____

Name _____ Relationship _____

Phone _____ Work Title _____