



Work Exchange Program Application

Today's Date: _____

PERSONAL INFORMATION

Name _____

Address _____

Email _____

Phone H () _____ Cell () _____ W () _____

Occupation(s) _____

Date of Birth (optional) _____

BACKGROUND INFORMATION

1. How did you hear about Integral Yoga Institute? _____
2. How long have you been coming to Integral? Please list Integral Yoga classes, workshops, retreats, or programs that you have attended and any previous work exchange positions held at IYI.

3. Do you engage in any spiritual practices? What are they and how are they important to you?

4. What attracts you to the Work Exchange Program? _____

WORK EXCHANGE PROGRAM

Regular Shifts—ONE AND A HALF HOURS MINIMUM

_____ **Kitchen** Our cooks and production team prepare vegetarian meals for our staff, teachers and guests. Lunch is served Monday, Tuesday, Thursday, and Saturday 1 – 2 p.m.
(One pass per 90-minute period of service.)

_____ Prep cooks from 10 a.m. – 1 p.m.

_____ Cleanup starts at 2 p.m. and ends at around 3:30 p.m.

_____ **Shop** The Integral Yoga Shop shares space with the Institute reception area. Shop duties include cleaning, dusting, alphabetizing, folding and polishing. The Shop is open Monday to Saturday 8:45 a.m. to 8 p.m. and Sunday 9:45 a.m. to 6:30 p.m.

_____ **Events** Teacher parties, New Year's Eve, Dinner and Dance events plus Day for Your Health, (to name a few). Helping with set up, kitchen, greeting, and breakdown of special events,

_____ **Office Work** Clerical duties, photocopying, and mailings

_____ **Housekeeping** Cleaning, vacuuming, and dusting

_____ **Miscellaneous** Running errands, special projects, support staff in whatever may be needed

_____ **Kirtan / Concerts** Helping with set up, greeting, and breakdown

_____ **Facility Work** Painting and Light Maintenance

How many hours are you interested in working each week? _____

Please list the days and times you are available:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

REFERENCE

Name _____ Title _____

Company _____ Relationship _____

E-mail _____ Phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone H () _____ Cell () _____ W () _____

Address _____

Please list any medical conditions or disabilities we should know about. _____

Signature _____ Date _____