

Sunburst Karma Yoga Program Application

Dear friend,

We're excited to hear of your interest in experiencing the joys of selfless service, while meditating and associating with Sunburst, as part of our Karma Yoga Program! Thank you for taking the time to complete this application so that we may find out more about you. Please feel free to attach additional pages as needed.

*With many blessings,
The Sunburst Staff*

Personal Information

Name _____ Date: _____

Primary Phone _____ Cell Home Work Good time to call: _____

Alternate Phone _____ Cell Home Work Good time to call: _____

E-Mail _____

Gender _____ Birth date (mo/day/yr) ____ / ____ / ____

Physical Address

Street _____

City _____ State _____ Zip _____

Mailing Address

Street _____

City _____ State _____ Zip _____

Is the physical address listed above your permanent residence? (If no, please explain why not.)

Do you have a residence to return to at the conclusion of the program? (If not, please explain.)

Do you have children under the age of 18 or other family members who would be living with you during the Sunburst Karma Yoga Program? ___ Yes ___ No

If yes, please list their ages and relationships to you:

Work projects vary and may include gardening, landscaping, cooking, cleaning, housekeeping and/or various projects within agriculture, natural building, or carpentry. Do you have special skills or experience in any of these areas?

Do you have a working automobile that you are planning to bring?

Yes

No (If no, please describe your plans for arriving, departing, and errands such as buying groceries and incidentals.)

Have you ever been convicted of a felony?

Yes

No

Dates & Length of Stay

Sunburst's Karma Yoga Program can vary in length, up to two weeks, according to individual participants' interest and the availability of work and accommodations. During your stay, please plan to register for and participate in any scheduled retreat center events (see sunburst.org/events). Karma Yoga Program work projects are available at various times during the year, but not necessarily on all dates. We will work together with you in choosing dates so that they will work well for both you and Sunburst.

Please indicate your desired arrival and departure dates:

Arrive on: _____ Depart on: _____

If your dates are flexible, please describe your available time frame:

Accommodations

Please indicate your preferred accommodations (offered at a significant reduction):

Camp cabin (\$15/night)

Provide own tent or vehicle, NO hookups (\$0)

Provide own tent or vehicle, WITH hookups (\$5/night)

Are you willing to share housing with other persons of the same gender?

Yes

No (Please explain.)

Do you snore? (*This helps us match up roommates, if applicable.*)

Yes

No

Check here to indicate that you understand you are responsible for providing your own bedding and towels:

Background information

How did you hear about Sunburst and become interested in spending time at Sunburst Sanctuary?

Why would you like to be part of the Karma Yoga Program in particular?

Have you read Norman Paulsen's autobiography, *Life-Love-God: Story of a Soul Traveler*, and do you have any other previous experience with Sunburst?

What is your previous experience with the spiritual path in general?

Residents of Sunburst Sanctuary are dedicated to following the Sunburst teachings, as described in the book by Norman Paulsen – *Life-Love-God*. You can also visit our website for information: sunburst.org/practices. As a Karma Yoga Program participant, it is important that you have an interest in learning and experiencing what we share here. Our spiritual life is dedicated to the Divine, and our path is to raise our consciousness for the betterment of the world, through selfless service, spiritual practice, and supportive community.

Does this interest you and feel comfortable for you? Yes No

Medical Questionnaire

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 Karma Yoga Program can best work for you. The program requires that you participate in a variety of activities, some more strenuous than others, and your responses will help us determine which activities may be right for you. All responses are kept confidential.

Please describe your overall health, fitness level, and capability of participating in physically demanding projects.

Women: Are you pregnant?

Yes (How many weeks will you be at the start of the program? _____) No

Any back trouble now or in the past? If yes, please describe, including approximate dates of problem(s).

Any trouble with joints (knees, shoulders, ankles, etc)? If yes, please describe, including approximate dates of problem(s).

How is your blood pressure?

Normal High Low Date last checked: _____

Have you ever taken blood pressure medication?

Yes (How recently? _____) No

Is your heart healthy?

Yes No (please describe)

Any history of heart attack?

Yes (please describe) No

Do you have any other physical limitations, restrictions on your physical activities, or health concerns?

Yes (please describe below) No

Please describe any food allergies, and/or any allergies to plant, bee, insect, spider, ant, or other.

Are you currently seeing, or have you seen in the past five years, a therapist or other professional for any mental illness?

Yes (please describe the conditions) No

The practice of meditation requires focused physical and mental concentration. Do you have any mental conditions that would in any way impair your ability to engage in this practice?

Yes (please describe) No

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

Yes (please explain) No

Do you have, or have you had, any of the following in the last five years?

Allergies (other than food)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood Clots	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Sensitivities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart/Cardiac Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypoglycemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Impaired Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impaired Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Infectious Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle/Joint Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neck/Back Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Need Special Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severe Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgeries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ulcers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unconsciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tetanus Shot (Date: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain in detail if you checked Yes on any of the above.

Please list all medications you are taking or will be taking during this program:

- Condition(s): _____
- Medication(s): _____
- How often? _____

Emergency Contact

In case of emergency, who can we contact?

Name _____ Relationship _____

Primary Phone _____ Alternate Phone _____

E-mail Address _____

References

Please provide two employment references (please do not include relatives):

1. Name _____
Phone (____) _____ Work Title _____

2. Name _____
Phone (____) _____ Work Title _____

Please provide two character references (please do not include relatives):

1. Name _____
Phone (____) _____ Relationship _____

2. Name _____
Phone (____) _____ Relationship _____

Sunburst Karma Yoga Program Guidelines

While participating in the Sunburst Karma Yoga Program:

- I agree to embrace the Sunburst teachings, including the Twelve Virtues and the Eightfold Path of Self Realization, as described on the Sunburst website (sunburst.org/rainbow-path).
- I will attend daily group meditations.
- I will also meditate on my own, using the Sunburst meditation techniques.
- I will volunteer my service to help support the work of Sunburst.
- I will refrain from smoking and from the use of alcohol, tobacco, and non-prescription drugs.
- I will refrain from bringing pets onto the property during my stay.
- I agree that no fires of any kind are allowed on the property, including candles, incense, and camp stoves.

I agree to abide by the Sunburst Karma Yoga Program Guidelines for the duration of my stay, and that all of the information in this application is correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

***Thank you for completing this application.
We look forward to hearing from you!***

Return completed application by email to contactus@sunburst.org
or by postal mail to the following address:

**Sunburst, ATTN: Karma Yoga
PO Box 2008
Buellton CA 93427**