

Living Yoga Training Program Application



"The dedicated ever enjoy Supreme Peace.
Therefore, live only to serve."
— His Holiness Sri Swami Satchidananda, Founder

108 Yogaville Way - Buckingham, VA 23921 - (434) 969-3121 x 152
www.LYTS@Yogaville.org

Participant Information

* First Name

* Last Name

* Age

* Birth Date (month, day, year)

* Gender

* Marital Status

* Phone Number

* Cell or Secondary Phone

* Email Address

* Street Address

Address Line 2

* City

* State

* Province / Region

* Zip Code

* Country

* United States Citizen? *Please Choose one*

US Citizen

Green Card

Visa

* If Visa – Expiration Date

*** First Visit to Satchidananda Ashram-Yogaville?**

IF YES - [Welcome Weekend required]

*** Projected Arrival Date:**

*** Projected Departure Date:**

*** Please Provide a Recent Picture:**

Experience

*** What is your occupation?**

*** Please describe your education, training, work and related experience and list any diplomas, certificates or areas of specialization.**

*** Please list any special talents, skills or experience not mentioned above.**

Spiritual Background

*** What is your Integral Yoga Hatha level?**

<input type="checkbox"/> New Beginner	<input type="checkbox"/> Hatha Level I	<input type="checkbox"/> Hatha Level II	<input type="checkbox"/> Int.	<input type="checkbox"/> Other <i>Please specify below</i>
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*** If you answered Other above, please specify:**

*** What is your Meditation level?**

<input type="checkbox"/> New	<input type="checkbox"/> Beginner	<input type="checkbox"/> I have a regular Practice
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*** Have you previously practiced or had any exposure to the Integral Yoga teachings of Sri Swami Satchidananda? If yes, where and when and for how long?**

*** Are you associated with an Integral Yoga Institute?**

If you answered yes above, which one and for how long?

*** Have you ever attended an Integral Yoga retreat?**

*** If you answered Yes above, please specify when and where.**

*** Have you lived in any other spiritual community?**

If you answered Yes above, please specify where and when.

*** Please relate any relevant facts regarding your spiritual search and practices that may assist us in knowing you better.**

*** Why do you want to be a Living Yoga Trainee?**

Health Record

* How would you describe your health, physically and mentally?

PHYSICAL HEALTH

* Do you have any physical challenges such as back problems, allergies or snoring?

* Are you taking any medications? If yes, what medications, the condition for which you are taking them and for how long?

* Have you ever been hospitalized for a physical ailment? If yes, when, where, for what reason, and for how long?

* Have you ever abused alcohol or used non-prescription drugs?

* The LYT Program policy is that if you have suffered from addiction, you need to have been in recovery for a minimum of one year, and you need to provide a letter from a physician or a sponsor.

* If yes, which substances specifically, and has it been within the past year?

* Do you have any physical situations that may inhibit you from serving in one or more of the following ways:

- Standing
- Going up and down stairs
- Working with cleaning solutions
- Working out of doors.

PHYSICIAN

Physician:

Physician's phone number:

Physician's address [street, city, state, zip and email address]:

MENTAL HEALTH

COUNSELING

*** Have you ever been in counseling or therapy?**

If so, why and for how long?

*** If you answered yes above;**

Counselor's name:

Counselor's address [street, city, state, zip]:

Counselor's phone number:

MEDICATION

*** Have you in the past or are you currently taking medication for any mental condition?**

What specific medications?

- Strength:**
- Dosage:**
- Length of time taken:**

HOSPITALIZATION

*** Have you ever been hospitalized for psychiatric condition?**

*** How many times in the past 10 years?**

*** What was the length of your stay each time?**

If so, please explain for what reason, when, how long and where?

I understand in coming to Yogaville that if I am currently taking medication for either a physical or mental condition, I will bring enough medicine with me for the complete duration of my stay and that I will stay on the medication as prescribed. I sincerely declare that this information has been given with full disclosure.

Please sign and date:

Signature:

Date:

Emergency Contact Information

In case of emergency, please contact:

* First Name

* Last Name

* Street Address

Address Line 2

* City

* State

* Zip Code

* Phone Number

* What is your relationship to this person?

Legal Information

* Have you ever been arrested?

* Have you ever been convicted of a felony or misdemeanor?

If you answered yes to either of the above 2, please explain.

References

References named below may be contacted.

* Can a senior member of an Integral Yoga Institute or Satchidananda Ashram refer you?

If you answered Yes above, please provide following:

Name:

Title:

Address:

Telephone numbers: home _____ work _____

Email:

*** Two references that have known you for two years or longer - family member, long-time friend, teacher, or employer.**

Name:

Email:

Telephone numbers: home _____ work _____

Address:

Relationship to person.

Notes:

Name:

Email:

Telephone numbers: home _____ work _____

Address:

Relationship to person.

Notes:

Statement of Purpose for Living Yoga Trainee

"Without inner commitment there can be no outer commitment" - Sri Swami Satchidananda

I desire to come to Satchidananda Ashram by my own free choice, wishing to realize the True Self and to lead a peaceful, useful life filled with physical, mental, and ethical perfection and the spirit of universal brotherhood. I realize that a disciplined body and mind and a life of dedication are necessary to attain this goal.

I seek to fulfill this goal with the help of the ashram environment. I affirm my intention to strive toward perfection in the precepts of Integral Yoga, such as truth, non-violence, spirit of dedication and universal brotherhood, and I will try my best to observe them. I realize that the Ashram rules, authorities, and policies exist solely to help me gain this self-mastery, and I hereby affirm my intention to follow them to the best of my ability, with the help of Sri Swami Satchidananda, his teachings and his sangha.

Agreement

I wish to learn the teachings of Sri Swami Satchidananda and the yogic way of life taught at Satchidananda Ashram. Therefore, I agree to follow the ashram policies and if I do not comply, I may be asked to leave.

I certify that I am in good health and have no physical or mental illnesses or ailments, except as may be indicated on this application. I agree to assume full responsibility for any injuries or damages that might occur, to me or to my property while at Satchidananda Ashram. If I become ill or injured during my stay, my roommate, or I will notify the LYT Coordinator & Day Manager. If the situation necessitates a doctor or hospital visit, and the managers are not available, I will make arrangements, including calling 911 if necessary, to get myself to the healthcare facility.

If the injury or illness keeps me from fulfilling my LYT responsibilities for more than five days, I understand it will be necessary for me to return home until I am well. I will give my doctors permission to communicate with the LYT Coordinator, so it can be determined when, and if, it is beneficial for me to return to the LYT program.

I understand that the Living Yoga Training Program is providing me with an opportunity to study, live a yogic life and work on myself. From my previous experience of the Integral Yoga practices, I believe they can help me control my mind, strengthen my body, and experience my true nature of peace and joy. It is clear to me that I am being asked to live by the guidelines contained in the LYT manual. I will read the manual and, to the best of my ability, live by the Ashram's precepts, especially those listed below:

Diet: A Yogic diet prepares the body & mind for meditation, so I agree to follow a nutritious vegetarian diet, free from meat, poultry, fish or eggs. I understand that as long as I am in the LYT Program, I am to honor this agreement even when I am away from the Ashram. Alcohol, tobacco, and drugs (except for those prescribed by one's doctor) harm the body and disturb the mind so I agree not to have any of these substances at, or away from, the Ashram. I understand the reason for the diet guidelines and agree to follow them. _____

Dress: At Satchidananda Ashram, our daily spiritual purpose is to maintain a mindful, meditative attitude. One of the ways to fulfill this purpose is by dressing in clean, modest, and non-revealing clothing. If the LYT coordinator, or any senior ashram member, informs me that my clothing is inappropriate, I will change it. I understand the reason for the dress code and agree to follow it. _____

Dating: To gain full benefit from this program, I will refrain from dating during my stay. As attractions can arise when spending one-on-one time together, I will avoid being alone with anyone, including walking, riding in a car or motorcycle, or in the houses of Ashram residents. As it is considered inappropriate for ashram staff or Yogaville residents to seek out LYT's, TT's, program participants, or guests with the intention of establishing a romantic and/or intimate relationship, I will speak with the LYT Coordinator if anyone approaches me in this way. I understand the reason for the policy on dating and agree to honor it. _____

Health: If because of illness or injury I am unable to fulfill my practice and service requirements for 5 days during the LYT Program, I will return home and recover before re-joining the LYT Program. I understand the reason for the illness/injury code and agree to follow it. _____

Rest: I understand that in order to get adequate rest, all lights need to be turned out in the room by 10:00PM. In order to avoid disturbing my roommates, I will be in the room early enough to prepare for sleep before the lights are out. I also agree to not stay away from the Ashram over night away unless I have made previous arrangements with the LYT coordinator.

Please let the LYT coordinator know if:

1. your roommate is missing
2. anyone is making noise in the LYT lounge & keeping you awake

I understand the reason for the guidelines regarding rest and agree to follow them. _____

Sadhana (practice) & *Seva* (service) Requirements :

10 Meditations [See *Sadhana* chart in *Guru Bhavan* for morning attendance & Puja guidelines.]

5 Hatha Classes

3 Scripture Classes

1 Meeting/Sharing

1 *Satsang* (Beginning with 7:30 p.m. *Kirtan* through ending –

Approximately by 9:30 or 10:00 p.m.)

24 Hours per week of Karma Yoga

I understand the *Sadhana/Seva* requirements and agree to follow them.

Computer Access: The ashram offers computers for your use in both the LYT lounge and in the library. There is also WiFi located in the Mandala Café for your convenience. We ask that you do not use computers in the dormitories keeping the vibration calm and inwardly directed.

Cell Phone Usage: cell phones may not be used in any of the buildings, or on the lawn between Sivananda Hall and the dorms. Please walk to the far ends of the parking lots to ensure that your conversation does not disturb others.

Safety Policy: I understand that burning candles, incense or camphor creates a potential fire hazard in the dorms. Therefore I agree not to burn these, or any other substances, or to allow anyone else to burn anything, in the room where I stay. If there is an exception to this policy, I will be notified by the Resident Services Manager – currently Kumari– and/or the Living Yoga Training Coordinator –and no one else.

Cleanliness: I also understand that to maintain a healthy environment in a group-living situation, it is necessary to practice good hygiene. Therefore in all public areas and in the room where I stay, I will do my best to:

1. clean up after myself
2. keep any food I bring to the room in a sealed container
3. complete the weekly floor Karma Yoga service in a timely manner

If for any reason, I am unable to meet the above requirements, I will speak with the LYT Coordinator.

Having read and understood all of the above information, I willingly agree to comply with all of the requirements and policies. I understand that failure to do so may result in my being asked to leave the LYT program. Failure to provide accurate information on this application may result in early departure from participation in the program.

Signature - By signing this document you are agreeing to the above statements. You also confirm and agree that this application submission does not infer automatic acceptance; you understand that we will consider your application, check references and contact you with our decision.

Signature:

*** Date**

\$25 non-refundable application fee is due with this application.

All LYT's enter the program under Arrangement #1 for the first month. Upon successful completion of this first month, Arrangements #2 & #3 will be considered

Arrangement #1

- Standard - \$600 Monthly Fee
- 24 Service Hours (six 3^{1/2} hour service shifts, plus two 1^{1/2} hour kitchen cleanups)
- Time Distribution: half-time service & half-time study/free time

Arrangement #2

- 3/4 time - \$400 Monthly Fee
- 31 Service Hours (eight 3^{1/2} hour service shifts, plus two 1^{1/2} hour kitchen cleanups)
- Time Distribution: 3/4-time Service & 1/4-time study/free time
 - Only available to LYT's who have successfully completed the 1st month and Integral Yoga Teachers trained at S.A.Y.V.A.

Arrangement #3

- Full-time Service replaces all fees
 - 38 Service Hours (ten 3^{1/2} hour service shifts, plus two 1^{1/2} hour kitchen cleanups)
 - Time Distribution: full service, with time off for *Sadhana* & 1 free day
- Arrangement #3 is only available to those who have the strength and vitality to comfortably serve this many hours while attending required *Sadhana*.

CANCELLATION POLICY

90% will be refunded if cancellation occurs 14 days or more before the program. 10% is deducted for Program Processing fee. (Or one time transfer to another of same program within the next 1 year, for no additional fee).

50% will be refunded if cancellation occurs within 13 days or less of program start date. (Or transfer to another of the same program with 50% credit towards that program registration fee.)

Refunds will not be issued if on day of program or after program start time.

For all transfers, program to be taken within next 1 year from the date of transfer.

Refund processing time is 3-4 weeks.

You may submit credit card information below, credit card charged manually and card number and information is not saved.

**Visa, MasterCard, Discover only please.
I agree to pay a non-refundable application fee.**

Application Fee = \$25.00

Please note we accept Visa, Master Card and Discover cards - we are not able to accept American Express.

* Name on Credit Card			
* Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> M/C	<input type="checkbox"/> Discover
* Card Number			
* Expiration (MM/YY)			
* Signature			Date: