

- FOR FAX USE ONLY -

Polestar Apprenticeship Application

Questions? Contact: 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

Date of Birth _____

Arrival Date* _____ Departure Date _____

*After two weeks we will check-in with you to ensure that you are happy with your stay and that all individual and community needs are being met.

Thank you for your interest in Polestar's apprenticeship 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 work trade situation 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 _____

Phone _____ Work Title _____

Relationship _____

Name _____

Phone _____ Work Title _____

Relationship _____

Please fax completed application to (888) 478-2685