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LIVING YOGA TRAINING APPLICATION

Name _____

Date of this application _____

Projected date of arrival _____

Projected date of departure _____

(Please note that there is a minimum one-month stay for new LYT's.)

Will you need for us to meet you as a bus, train or plane in Charlottesville?

Please provide the following: Arriving at Bus Station____, Train Station____, Airport ____

Time of arrival _____

If flying, Airlines _____ Flight # _____

This information is needed 1 week in advance in order to schedule a car and driver.

Sex____ Age____ Birthdate _____

Address _____

City, State, Zip _____

Country _____

Telephone (day) _____ (evening) _____

Email address: _____

Please Check one: ___U.S. citizen___ Green Card___ Visa - Expiration Date _____

Marital status _____ Occupation _____

First visit to Ashram? Yes ___ No ___.

NAME _____

How did you hear about the Ashram _____

Why do you want to be a Living Yoga Trainee?

Name _____

SPIRITUAL BACKGROUND:

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

New Beginner ___ Beginner I ___ Beginner II ___ Intermediate ___ Other ___

What is your **Meditation** level?

New ___ Beginner ___ Regular Practitioner ___

Have you previously practiced, or had any exposure to, the Integral Yoga teachings of Sri Swami Satchidananda? _____

If so, where, and for how long? _____

Are you associated with an Integral Yoga Institute? _____

If so, which one, and for how long? _____

Have you ever attended an Integral Yoga retreat? _____

When? _____ Where? _____

Have you studied other spiritual teachings?

Have you lived in any other spiritual community?

When? _____ Where? _____

Please relate any relevant facts regarding your spiritual search and practices that may assist us in knowing you better. (If necessary you may attach an additional sheet.)

Name_____

HEALTH

How would you describe your state of health? _____

Do you have any chronic illness or physical problems (including back problems or snoring)?

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

If so, has it been in the last six months? _____

Are you taking any medication? ____ If so, what kind? (Please give names of drugs and conditions for which you are taking them.)

Physician's name _____

Telephone _____

Address _____

Have you ever been in counseling or therapy? _____

Please explain _____

Counselor's name _____ Telephone _____

Address _____

Have you ever been hospitalized for mental illness? _____

Please explain _____

Name_____

EMERGENCY INFORMATION

In case of **emergency**, who should be **contacted**?

Name_____Telephone_____

Address_____

Relationship_____

Medical Personnel: Doctor, Counselor

Name _____

Address_____

Telephone_____

Name _____

Address_____

Telephone_____

LEGAL INFORMATION

Have you ever been arrested? Have you ever been convicted of a felony or misdemeanor? Please give details.

Name_____

REFERENCES

(References may be contacted.)

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

Name_____

Title_____

Address_____

Telephone numbers, home and work: _____

2. Recent **Employer:**

Name_____ Telephone # ()_____

Title_____

Address_____

3. **Family member, longtime friend, or teacher:**

Name_____ Telephone # ()_____

Title_____

Address_____

Relationship to you_____

STATEMENT OF PURPOSE FOR LIVING YOGA TRAINEES

“Without inner commitment, there can be no outer commitment”

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 (TO BE SIGNED BY ALL APPLICANTS)

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. 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 my property while at Satchidananda Ashram.

If you should become ill or unable to serve for more than 5 days while in the LYT Program, your participation in the program would terminate.

DATE _____

SIGNATURE _____

**Please enclose a non-refundable \$25 application fee.
MAKE CHECKS PAYABLE TO: SAYVA
Send to: Satchidananda Ashram Yogaville - Attention: LYT Program
108 Yogaville Way, Buckingham, VA 23921 USA.**