



# Vipassana Meditation

As taught by S.N. Goenka  
in the tradition of Sayagyi U Ba Khin

## COURSE APPLICATION FORM

To apply for a place in the course, please complete the form, send to the above address and await notification. Please answer all questions fully. This information will be kept strictly confidential.

**Course Dates:** From \_\_\_\_\_ To \_\_\_\_\_

<b>First Name (Given Name)</b>	<b>Last Name (Family Name)</b>	<b>Age (Years):</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Address/P.O. Box:</b>	<b>Phone:</b> Home: Work: Mobile/Cell:	<b>Date of Birth:</b> Yr _____ Mo _____ Day _____	
<b>Country:</b>	<b>Email:</b>	<b>Occupation:</b>	

- Check here if you are driving and willing to be contacted by other students seeking a ride to the course.
- Will a friend or family member be taking this course as well? No  Yes   
If yes, write Name(s) and Relationship. \_\_\_\_\_
- Native Country Native Language \_\_\_\_\_  
Other languages you understand well \_\_\_\_\_
- Have you completed any 10-day course with S.N. Goenka or any of his assistant teachers? Yes (Old Student)   
No (New Student)

### For New Students

- Have you had any previous experience with meditation techniques, therapies or healing practices? No  Yes   
a. If yes, please give details. \_\_\_\_\_  
b. Do you teach or practice these techniques/therapies on others? No  Yes   
If yes, please give details. \_\_\_\_\_
- How did you learn about Vipassana, or who introduced you to this course? \_\_\_\_\_

### For Old Students

- First Course:** Date \_\_\_\_\_ Location \_\_\_\_\_ Teacher(s) \_\_\_\_\_
- Most Recent Course (Sat):** Date \_\_\_\_\_ Location \_\_\_\_\_ Teacher(s) \_\_\_\_\_
- Total Number of 10-Day Courses:** \_\_\_\_\_ Sat full time \_\_\_\_\_ Served full time \_\_\_\_\_  
a. Other courses Sat (Specify): \_\_\_\_\_  
b. Other courses Served (Specify): \_\_\_\_\_
- Have you practiced any other meditation techniques (including other types of Vipassana), therapies or healing techniques since your last course with S.N. Goenka or his assistant teachers? No  Yes   
a. If yes, please give details. \_\_\_\_\_  
b. Do you teach or practice these techniques / therapies on others? No  Yes  If yes, please give details. \_\_\_\_\_

5. Have you maintained your practice of Vipassana meditation since your last course? No  Yes   
 If yes, please give details (how much time daily, etc.). \_\_\_\_\_
6. Check here if you can come early to help set-up if needed.
7. Check here if you would be willing to serve this course should the need arise.
8. If you are not attending the entire course, please give your arrival / departure dates and times.  
 Arrival date and time \_\_\_\_\_ Departure date and time \_\_\_\_\_

**For All Students (New and old students)**

1. Do you have any physical health problems, medical conditions or diseases? If yes, please give details (dates, symptoms, duration, treatment, and present condition).	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. For women applicants: Please indicate whether you are pregnant.	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Do you have, or have you ever had, any mental health problems such as significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc.? If yes, please give details (dates, symptoms, duration, hospitalization, treatment, and present condition).	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as marijuana, amphetamines, barbiturates, cocaine, heroin, or other intoxicants)? If yes, please give details (dates, types, amounts, additions, treatment, and present use).	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. Are you now taking, or have you taken within the past two years, any prescribed medication? If yes, please give details (dates, types, dosage, and present use).	No <input type="checkbox"/> Yes <input type="checkbox"/>
6. Any other information you wish to add.	

I acknowledge that I have carefully read and understood the booklet Vipassana Meditation, Introduction to the Technique and Code of Discipline for Meditation Courses. I agree to stay on the course site and to abide by all the rules and regulations for the duration of the course. I realize that a Vipassana meditation course is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it. I hereby certify that the above information is true to the best of my knowledge.

In addition, I hereby consent to the storage and handling on a computer or otherwise of my above stated personally identifiable information in accordance with the Privacy Policy of the facility at which the course for which I am applying is being held. A copy will be provided on request to that facility.

Signature	Date
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## Vipassana Meditation Course Application

Jesup, Georgia, United States

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During this time of the Coronavirus pandemic, we are striving to operate as safely as possible, for you and everyone at the meditation center. Please respond to the following questions as fully and clearly as possible. We may contact you for further information to clarify your situation.

Although the center is taking all precautions, there is no guarantee that COVID-19 does not appear at the center. Please note certain conditions may increase the risk of serious illness from Coronavirus. These conditions include:

- Age over 65 years
- Chronic lung disease or moderate to severe asthma
- Serious heart conditions
- Immuno-compromise (e.g. from cancer treatment, smoking, bone marrow or organ transplant, immune deficiency, poorly controlled HIV or AIDS, or prolonged use of corticosteroids and other immune weakening medications)
- Severely overweight (body mass index [BMI] of 40 or higher)
- Diabetes Chronic kidney disease undergoing dialysis
- Liver disease
- Pregnancy

If you have any of the above conditions, it is advised that you not place yourself at risk to COVID-19 by attending a course at this time.

**Have you tested positive with the COVID-19 Virus?**

- Yes
- No

**Have you been in direct contact with anyone who tested positive with COVID-19?**

Yes

No

**Do you practice social distancing if you are away from home?**

Yes

No

**Do you wear a mask when near other people outside your home?**

Yes

No

**Do you work or socialize interacting with many people?**

For example, restaurant work, sales, health care work, classroom teaching, in-person meetings, factory work, sports, clubs, etc.

Yes

No

**From now until the course starts, do you foresee significant changes to your situation?**

For example, traveling, moving residences or others moving into your residence, changing jobs, etc.?

Yes

No

**Have you been or do you anticipate prior to the start of the course that you will be in a region with a high prevalence of COVID-19?**

Yes

No

**In the 14 days prior to the course, will you be able to limit your potential exposure to the Covid-19 virus?**

For example, avoiding high-risk areas such as crowded public areas, crowded social situations, or avoiding non-essential travel.

Yes

No

**How will you commute to the Meditation Center for the upcoming course? (circle your answer)**

Other, Private Car, Public Transportation (Airplane, Bus, Train, etc.), Shared Ride, Transportation Service (Uber, Lyft, Taxi, etc.) ▼

**Will you be fully vaccinated for COVID-19 as of the start of the course? (circle your answer)**

**Note:** A person is fully vaccinated 2 weeks after receiving their final dose of COVID-19 vaccine.

Prefer not to answer

No

Yes (What is the date of your final dose of vaccine? \_\_\_\_\_)

