



Karma Yogi Application

Personal Information

Full Name: _____

Date of Birth: _____ Gender: _____

Email: _____

Phone: (cell) _____ (other) _____

Current Address: _____

Occupation: _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone: (cell) _____ (other) _____

Please Answer The Following Questionnaire

Why do you want to be a Karma Yogi?



Karma Yogi Application

How do you feel about doing volunteer/exchange work?

What are you looking to gain by becoming a Karma Yogi?

What does our Divine Community mean to you?

What are 5 words that best describe you? _____

What "superhero" talents do you have to share? _____

How would you like to help our community rock?

Please return this form to the front desk or mail to us at the address below - thanks!