

Shan Ren Dao Retreat Application - Oregon
August 25 – September 8, 2020 Damascus Oregon

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____

Emergency Contact _____
Relationship _____ Address _____
Phone number(s) _____

NOTE: Deposits are 100% refundable in the event that we cannot run the retreat due to health concerns.

1) Please tell us how you heard about this retreat.

2) What draws you to this retreat? Why are you interested in participating?

3) What do you hope to gain by attending?

4) What does “self-growth” or “self-exploration” mean to you? If it has been a part of your life, how?

5) In what ways do you care for yourself (physically, emotionally, mentally, spiritually) on a regular basis? And, what type of support systems do you currently have available or utilize?

6) What questions and/or concerns do you have about the retreat?

7) What else would you like us to know about you? (Please feel free to attach an additional page and/or resume.)

Please e-mail your completed application questionnaire to Jeaneth Villegas at jvillegas@nunm.edu or mail to Jeaneth Villegas, College of Classical Chinese Medicine, NUNM, 049 SW Porter Street, Portland OR 97201.

You will be contacted after submission of your application to schedule an interview.