businessmanager.innerfire@gmail.com

**Application for Three Day Visit**

***To Be Completed by Applicant*** *- If applicant is unable to complete this application,*

*they may not be eligible for our program.*

*3 Day Visits are held on Wednesday, Thursday and Friday on a prearranged date.*

*The autobiography, two biographies, non-refundable $1700 tuition and the 3 Day Visit application needs to be received* ***5 days before*** *the intended visit.*

*Please Note: for the 3 Day Visit “what to bring” is minimal. This list is essentially for individuals joining the year long program. For the 3 Day Visit please bring seasonal items: work gloves, boots and always indoor slippers/shoes.*

*Only upon acceptance to the program does an individual sleep on premise.*

*The West River Lodge and Four Columns Inn are about 10 minutes from Inner Fire as well as several B & B’s.*

*If coming from a different time zone please arrive at least 24 hours prior to your visit in order to be rested. Please arrive by 6:45 each morning and arrange for your pick-up at 8pm.*

*If your intention is to start the following Monday, please make sure the General Application is completed a week before your ideal start date.*

**Applicant Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

▢ Female ▢ Male ▢\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Primary Relationships**

Family Member / Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact? Y ☐ N ☐

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Member / Guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact? Y ☐ N ☐

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip \_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a legal Guardian or Power of Attorney for Medical or Financial Purposes, please provide documents indicating this for our records in addition to their contact info below.

**Legal Guardian / Power of Attorney Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact? Y ☐ N ☐

⃞ I authorize Inner Fire and its representatives to contact any of the above on my behalf in case of an emergency.

**Applicant Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who is financially responsible for your stay at Inner Fire?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance** \*Please provide a copy of your health insurance card

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_ **Country** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy Holder Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder DoB \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

**How did you hear about Inner Fire?**

**Nutritional Assessment**

**List any Food Allergies:**

| **Food** | **Reaction** | **Intensity** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**List any Food Intolerances/Sensitivities:**

| **Food** | **Reaction** | **Intensity** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

Describe your current diet, providing examples of foods you eat daily and weekly.

What foods do you enjoy most?

What foods do you dislike?

What percentage of your food do you cook at home?

☐ More than 50% ☐ Less than 50%

Which statement best describes your comfort level with cooking?

☐ “I don’t cook.”

☐ ‘I can follow the instructions on the package.”

☐ “I’ve tried cooking, but nothing comes out right.”

☐ “I can follow a basic recipe.”

☐ “I don’t need a recipe, I can make a meal with whatever I have in the kitchen.”

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you think will be the biggest **challenge** for you around planning, preparing, and consuming food at Inner Fire?

Describe any further dietary restrictions or medically prescribed diets to which you adhere.

Have you ever struggled with disordered eating (restricting, binging, purging, etc.)? If so, please describe your experience and where you are now in relation to this struggle.

Anything else you’d like to share or personal goals you may have about diet, nutrition, food, or planning, preparing, and consuming meals?

**ANGER IS OK, VIOLENCE IS UNACCEPTABLE POLICY**

Inner Fire continuously seeks to ensure a safe environment for all seekers, staff, and visitors.

Inner Fire exercises a zero-tolerance policy for violence which could lead to immediate dismissal from the 3 Day Visit without a refund. Examples of violence may include, but are not limited to:

● Verbal or written threats that express intent to harm.

● Verbal assaults

● Physical assaults, when touched without permission, including biting, kicking, punching, scratching, spitting, etc.

● Any perceived act that causes fear or harm to one’s self, Seeker, Guide or visitor.

● Intentional destruction of property.

Acts of violence will be assessed on a case by case basis, resulting in appropriate, immediate interventions. All cases of violence will be assessed by thorough investigation and evaluation of the circumstances surrounding the violent event. Inner Fire reserves the right to contact parents/guardians of the offender in the event of a violent episode. This process is intended to help Inner Fire determine what can be done to prevent the same, or similar events from recurring and maintaining a safe environment for all.

**VIOLENCE DISCLOSURE**

As tapering can be traumatic, and individuals may not always be in control of their feelings, we understand there is the possibility of expressed anger and violent situations. We acknowledge that anger is blocked creative energy which when claimed and redirected can support deep healing. Transparency is essential in our mutual intention to support the seeker in their healing journey. In order for us to work more consciously with the striving individual, it is essential that we know of any violence (including self-harm) that has been part of a Seeker’s history. Full disclosure of any past violent episodes enables us to provide proper support and be fully prepared to work through incidents that may arise in a manner that is safe for all.

**Violent Episode Self-Disclosure**

Describe all incidents in which you have behaved violently, or in a way that was

harmful to yourself or others (including running away, cutting, overdosing, etc.). Share what led you to respond this way, how you dealt with the results and how you are working to prevent a recurrence of the violence. You may write in a separate attached document if needed. Your signature reflects your full disclosure of any and all violent episodes you recall.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Disclosure of Applicant’s Violent Behavior, If Any**

We ask each parent / guardian / spouse who wrote a biography on the applicant, to document below any and all episodes in which the applicant behaved violently or in a way that was harmful to themselves or others (including running away, cutting, overdosing). Include circumstances leading up to each episode, and anything that may have triggered them. Share any steps taken to deal with the situation and what was done to help prevent a recurrence. If you need more space, you may submit an additional page with as much detail as possible. By signing below, you acknowledge your full disclosure of all violent episodes in which the applicant has been involved of which you are aware.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before coming for your 3 Day Visit,** we would like to be reassured about your genuine interest in engaging in the Inner Fire, proactive program and thereby actively working toward reclaiming your life.

Please acknowledge with your initials which of the following applies to you:

\_\_\_\_\_\_ I am very serious about my healing journey and want to

engage in the Inner Fire program.

\_\_\_\_\_\_ My parents, friends or spouse want me to engage in the

program, but I personally do not want to at this time.

\_\_\_\_\_\_\_\_ I think it might be a good idea, and I am open, but I will know better

after my 3-Day Visit.

Perhaps you have another perspective? Please share this in the space below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**What to Bring**

The seasons here in Vermont bring different needs and most suggestions are perhaps obvious. Work clothes will be worn more than any dress clothes. Be sure to bring all other items listed for your three-day visit. *Please limit clothing to one week’s worth as storage space is limited.*

**For Autumn and Winter**

☐ Long johns - 2-3 sets

☐ Microspikes\*(we recommend Kahtula) 1 set

☐ Mittens - 1 or 2 pair

☐ Scarf - 1

☐ Snow boots - 1 pair

☐ Snowshoes\* - 1 set

☐ Warm clothes - 1 week’s worth

☐ Warm hat - 2 each

☐ Warm work gloves - 2 pair

**For Spring and Summer**

☐ Crocs - 1 pair

☐ Light clothing to layer

☐ Rain boots - 1 pair

☐ Rain hat - 1

☐ Rain jacket - 1

☐ Sandals - 1 pair

☐ Sun hat - 1

☐ Sunscreen - 1 tube

☐ Swimsuit - 1 set

☐ Umbrella - 1

☐ Water shoes - 1 pair

☐ Work gloves - 2 pair

**Additionally, please bring the following:**

☐ Alarm clock (without radio)

☐ Up-to-Date photo of yourself that

includes Name and Birthday

☐ Any transportable instrument you play

☐ Bed linens for twin size bed (pillows, pillow cases, sheets, blankets, comforter) 2 sets

☐ Books, songs and poems to share

☐ Enough wool yarn for knitting a scarf

☐ Flashlight - 1 each

☐ Head lamp - 1 each

☐ Hot water bottle for liver compresses

☐ Journal

☐ Laundry basket - 1 each

☐ Laundry detergent, biodegradable

☐ Night light (if needed)

☐ Personal toiletries (natural–*no fragrance*)

☐ The book, *Why on Earth* by Signe Schaeffer

☐ Tick remover / key - 2 each

☐ Towels and washcloths - 2 sets

☐ Art materials (Crayons, pencils, & paper)

\*As winter sets in, micro-spikes (we recommend Kahtula) for icy conditions are essential and snowshoes enable us to get into the snowy woods which are so silent, beautiful and interlaced with wildlife tracks.

\*\*\*LABEL all items with your name. We do have a Lost & Found to retrieve missing items.

***What NOT to bring****: Please leave behind all cigarettes, smoking paraphernalia, alcohol, caffeine and stimulants, weapons, and electronic devices including phones when you visit Inner Fire.*

I understand what to bring and what to leave behind, and will bring the needed items with me to Inner Fire.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_