

Tree of Life: Work-Away and Local Helper Inquiry Form



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Thelotuscentre.ca/tree-of-life

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PERSONAL INFORMATION:

Full Name: _____ Pronouns: _____

Preferred Name: _____ Birthdate: _____

Phone: _____ Email: _____

Mailing Address: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Pronouns: _____

Relationship to you: _____

Phone: _____ Email: _____

HELP US GET TO KNOW YOU BETTER:

What can you contribute to The Tree of Life? What skills do you have?

Do you engage in a regular spiritual practice? If so, explain:

What does spirituality mean to you?

Are there any aspects of your mental and physical health that we should be aware of?

What are your needs? Including social (ie. alone time in evening, morning mediation, cup of coffee in the morning etc.) and dietary needs?

Anything else you would like to share with us?

SIGNATURE:

Name: _____

Signature: _____

Date: _____

Looking forward to working with you 😊