

**San Francisco Zen Center
PRACTICE PERIOD APPLICATION**

Part I. Please provide the following information.

Location of Practice Period:

Tassajara Zen Mountain Center

Dates of Practice Period: September 26 – December 18, 2010

Name: _____ Birth date: _____

Address: _____

Phone: (day) _____ (evening) _____

E-mail: _____ FAX: _____

In case of emergency, whom should we notify?

Name: _____ Relationship: _____

Address: _____

Phone: (home) _____ (work) _____

E-mail: _____

Have you received Buddhist precepts? _____

Have you been ordained as a Buddhist priest? ____ If so, by whom? _____

Ordination date: _____

If you are currently practicing with a Buddhist teacher who does not live at one of the practice centers of San Francisco Zen Center, please ask your teacher for a letter of recommendation. Please provide contact information so that we may reach your teacher, if necessary:

Name: _____

Address: _____ Telephone: _____

Have you practiced at one of Zen Center's three practice places before? If so, please list dates of sesshins, staff positions, and any practice periods you have attended. Please list the teacher who led your last practice period at Zen Center, and your most recent practice leader at Zen Center.

Are you interested in continuing in residential practice at Zen Center after this practice period? If so, please describe.

Part II. Please attach a statement discussing each of the following, numbering your responses:

1. Your interest in Zen and in participating in the practice period at this time.
2. A brief personal history.
3. Your experience studying and/or practicing Buddhism or other spiritual traditions (other than at San Francisco Zen Center).
4. Significant physical, psychological, or emotional difficulties, particularly those for which you have received professional help or been hospitalized. Please list dates, if applicable.
5. Current use of prescription medications. If any, please list medications and briefly describe the conditions being treated.
6. History of alcohol or substance abuse. Please list any treatment programs and dates.
7. Current tobacco use.
8. Any past or current eating disorders.
9. Any current medical problems (e.g., back, sciatica, or knee injury, repetitive stress conditions, food or other serious allergies).
10. Are you able to completely follow the practice period schedule? Describe any limitations.
11. How do you plan to pay for the PP you are applying for?

Part III. Practice period requirements:

- 1) Following a schedule of early morning and evening meditation
- 2) Participating in daily service(s) of bowing and chanting
- 3) Attending several hours of classes and lectures per week
- 4) Participating in formal meals and ceremonies
- 5) Refraining from recreational drug and alcohol use
- 6) Refraining from initiating any new sexual relationship
- 7) Remaining at the center at all times during the practice period except for such things as medical emergency (for practice periods at Tassajara and Green Gulch only).

Additionally, please read the Practice Period Guidelines for the center to which you are applying. (If these were not included, please request them from the appropriate practice center.)

I have read, understood, and kept a copy of the Practice Period Guidelines and agree to participate fully in the practice period, fulfilling the practice period requirements as described here and in the Practice Period Guidelines.

Signature _____
Date _____

Payment in full (\$2,780.00) is required on arrival at the practice period, unless other arrangements have been made in advance with the director.

Please mail this form, your personal statement, **a recent photograph**, and a non-refundable \$30 application fee to:

Shokuchi Deirdre Carrigan
Assistant to Senior Dharma Teacher Tenshin Reb Anderson
Green Gulch Farm Zen Center
1601 Shoreline hwy
Muir Beach, CA 94965
rebassistant@sfzc.org