

Green Gulch Farm

Farm and Garden/Land Application Form

Name _____ Date _____

Age _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____ Country _____

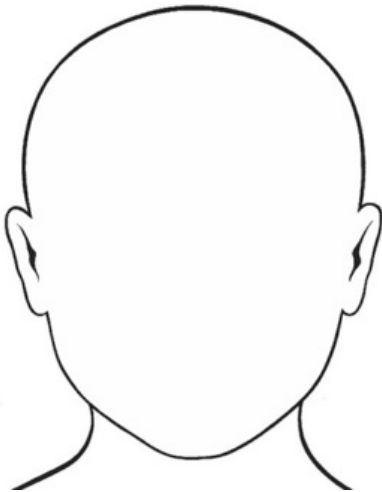
Phone _____ Alternate Phone _____

E-mail _____

I identify my Gender as (for housing purposes) _____

What Gender pronoun do you go by (he, she, they, other) _____

Please put a head shot photo here



Please check which specific program(s) you are applying for and attach supplemental application materials to the Basic Residential Practice Application, as follows:

- ☐ A - Guest Student Program
- ☐ B - Guest Program Apprenticeship
- ☐ C - Kitchen Apprenticeship
- ☐ D - Farm or Garden Apprenticeship
- ☐ E - Practice Period
- ☐ F - January Intensive

EMERGENCY CONTACTS

Name _____ Relationship _____

Email _____ Phone _____

Physician _____ Phone _____

Insurance Company _____ Phone _____

Insurance Policy Number _____

Have you practiced at San Francisco Zen Center before? If so, please give dates and briefly describe (Tassajara/City Center/Green Gulch, summer or guest student/WPA/practice periods)

HOUSING Roommate options (please select all that apply):

- ☐ I want to room with other women
- ☐ I want to room with other men
- ☐ I don't mind being in a mixed-gender room
- ☐ I want to be in a mixed-gender room

Factors affecting sleep (please check all that apply)

- ☐ Have insomnia or other sleep disorder
 - ☐ Snore
 - ☐ Other (please describe) _____
-

HEALTH RECORD Circle Yes or No for the following questions.

- | | | |
|---|-----|----|
| ▪ Do you have any long-term medical conditions, special medical needs, or a history of physical illness or limitations? | Yes | No |
| ▪ Have you had a serious illness or major surgery within the last 5 years? | Yes | No |
| ▪ Do you have any physical conditions or repetitive stress injuries that might limit your meditation or work practice? | Yes | No |
| ▪ Have you <u>ever</u> been hospitalized for a psychological condition? | Yes | No |
| ▪ Have you <u>ever</u> been treated for a psychological condition? | Yes | No |
| ▪ Are you <u>currently</u> receiving treatment for a psychological condition? | Yes | No |
| ▪ Do you have any dietary or health restrictions? | Yes | No |
| ▪ Do you have any serious allergies? | Yes | No |
| ▪ Do you have any hearing difficulties or impairment in vision? | Yes | No |
| ▪ Do you smoke, or use any kind of tobacco or nicotine products? | Yes | No |
| ▪ Do you have any history of substance abuse, drug or alcohol addiction, or eating disorder? | Yes | No |
| ▪ Have you participated in a recovery or treatment program for drug or alcohol addiction or an eating disorder? | Yes | No |

If you answered Yes to any question, please describe in your Personal Statement (below), including dates when applicable.

MEDICATIONS Please list below any prescription medication you are taking, including dosage and frequency of intake. (No need to include birth control or cosmetic prescriptions.)

Date of your last tetnus shot: _____

Have you ever been convicted of a felony or serious misdemeanor? Yes ☐ No ☐

If yes, please state the nature of the offense(s), when and where convicted, and disposition of the case. Convictions for marijuana-related offenses that are more than two years old need not be listed.

Note: No applicant will be denied residency solely on the grounds of conviction of a criminal offense.

How did you hear about Green Gulch?

PERSONAL STATEMENT

Please include the following in your personal statement, and number each section as follows:

1. Please write a brief personal history to help us get to know you a bit
2. Describe any previous experience in Buddhist or other meditation practices
3. What is your intention in applying to practice at Green Gulch at this time?
4. Tell us about your particular interest in the Green Gulch Farm or Garden/Land Apprenticeship
5. Describe your work experience and skills, including any farm or garden experience you have.
6. Describe your interest in continuing to train beyond the initial visit, if any
7. Describe any physical or mental health issues, including any noted under Health Record, above

Please indicate which program(s) you are interested in, and indicate your order of preference, if applicable:

- ☐ Farm Apprenticeship
- ☐ Garden Apprenticeship

PROGRAM SPECIFIC QUESTIONS

Circle Yes or No for the following questions.

- | | | |
|---|-----|----|
| <input type="radio"/> Do you have any experience using hand or power tools? | Yes | No |
| <input type="radio"/> Do you have any carpentry experience? | Yes | No |
| <input type="radio"/> Do you have any plumbing experience? | Yes | No |
| <input type="radio"/> Do you have any auto mechanic skills? | Yes | No |
| <input type="radio"/> Do you have any experience driving large trucks? | Yes | No |

- Do you have any experience driving tractors or other heavy machinery? Yes No
- Do you have any other specialized skills you think we should know about? Yes No

If you answered Yes to any question, please describe in more detail and append to your personal statement.

Are you currently in a relationship? Yes ☐ No ☐

If yes, please describe what expectations you have to spend time together during the apprenticeship program.

WORK PRACTICE REQUIREMENTS (Please see specific program schedules for more detail)

1. Following the schedule of morning and evening meditation, and morning and evening services of bowing and chanting as work allows.
2. Following the work practice schedule.
3. Attending Dharma talks, classes and ceremonies.
4. Attending crew meetings and Community meetings.
5. Participating in monthly one-day sittings, either in the Zendo or kitchen.
6. Refraining from drug and alcohol use.
7. Refraining from initiating any new sexual relationships.
8. Not leaving the Green Gulch watershed for the first month of the apprenticeship (except for emergencies).
9. Following the Green Gulch Residential Guidelines (Shingi).
10. Communicating with Crew Head and the Tanto or Director in a timely way if having difficulty with any of these requirements.

I agree to honor these requirements, have read the Green Gulch Residential Guidelines (Shingi) posted on the website application process page for this program, and agree to follow them completely.

Signature

*Please note that if the program you're applying for is full, there may be space in another apprenticeship program. **Please fill out a supplemental form for each program you'd like to be considered for, and indicate your order of preference, if applicable.***