

Green Dragon Temple / Green Gulch Farm Zen Center
FALL 2023 PRACTICE PERIOD APPLICATION
October 18 – December 19, 2023
Led by Abiding Abbot Jiryu Rutschman-Byler
(Application Deadline, September 9, 2023)

Name _____ Date _____

Age _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Alternate Phone _____

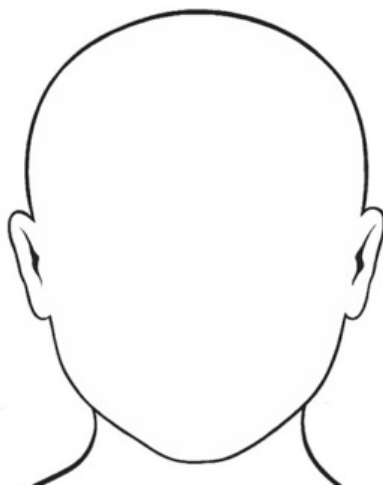
E-mail _____

I identify my Gender as (for housing purposes) _____

The gender pronoun I use is (she, he, they, other?) _____

Are you fully vaccinated & boosted for Covid-19? _____

Please put a head shot photo here



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)

Have you received Buddhist precepts? _____

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

Ordination date: _____

If you are an ordained priest, we require that your ordination teacher contact the Practice Period leader to discuss your training needs, expectations, and arrangements.

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: _____ Email: _____

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 ever been treated or hospitalized for a psychological condition? Yes No
- Are you currently 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.

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. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to being a student at Green Gulch may, however, be considered.

PERSONAL STATEMENT:

Please attach a personal statement, numbering your responses as follows:

- 1. Brief personal history**
- 2. Any previous experience in Buddhist or other meditation practices**
- 3. Intention in applying to Practice Period at Green Gulch at this time**
- 4. Interest in continuing training at Green Gulch after the Practice Period, if any**
- 5. Work experience and skills (please include any form of medical training or experience)**
- 6. Physical or mental health issues, including any noted under Health Record, above**

PRACTICE PERIOD FORMS AND CEREMONIES:

1. Following the schedule of morning and evening meditation, and morning, noon, and evening services of bowing and chanting.
2. Following the work practice schedule.
3. Attending Dharma talks, classes, formal meals (oryoki), and ceremonies.
4. Two one-day sittings plus a one-day tangaryo sitting and a seven-day sesshin.
5. Refraining from drug and alcohol use.
6. Refraining from initiating any new sexual relationships.
7. Not leaving Green Gulch for the duration of the practice period (except for emergencies).
8. Following the Green Gulch Practice Period Guidelines (Shingi).
9. Communicating with Practice Period Leaders, Tanto, or Director in a timely way if having difficulty with any of these requirements.

Do you feel enthusiastic about fully engaging with the training opportunity of this Practice Period and practicing closely with the leader of the Practice Period? Yes ☐ No ☐

I agree to honor these forms and ceremonies and have read the Green Gulch Practice Period Guidelines and agree to follow them completely.

Signature _____

PAYMENT IN FULL (\$2400) is required on arrival at the Practice Period, unless other arrangements have been made in advance with the director.

Application Deadline: The application deadline is September 9, 2023.

If you earned a scholarship or credit for this Practice Period by working at Tassajara or Green Gulch, please indicate here where and when you did so: _____

Please return this form, along with a picture, by email to the Abbot's Assistant at gfabbotassist@sfzc.org.

A non-refundable \$30 application fee* is required to process your application. Please check the website for information about paying this fee online, or mail the payment to the address below.

For further questions, please contact the Abbot's Assistant by email, at gfabbotassist@sfzc.org.

** Application fee waived for current SFZC residents.*

Emergency Contact & Medical History Information

Full Name: _____ Date of Birth: _____

Previous Name: _____

Cell number(s): _____

Automobile Information:

Driver's license#: _____

License plate #: _____ Make & Model: _____ Color: _____

Personal Physical description:

Height: _____ Weight: _____ Eye color: _____

Hair color: _____ Other: _____

Medical History:

Name of Physician:

Current medical conditions:

Current medications:

Emergency Contact Information:

Green Gulch Farm Zen Center's senior leadership may contact the following person(s) in the event of an emergency or in the event that they consider you to be physically or psychologically impaired and/or unable to make decisions for yourself:

Emergency Contact #1 (name):

Phone number(s):

Relationship:

Email address:

Emergency Contact #2 (name):

Phone number(s):

Relationship:

Email address:

I have read this document and understand how the personal information that I have provided may be used:

Signature: _____

Date

Signed: _____

THIS RECORD WILL BE KEPT ON FILE FOR THE DURATION OF YOUR RESIDENCY AT GREEN GULCH FARM ZEN CENTER.