

SFZC City Center Work Practice Apprentice (WPA) Application Form

Name _____ Date _____

Legal Name (if different) _____ Dharma Name _____

New WPA Returning WPA Age _____ D.O.B. _____

Address _____

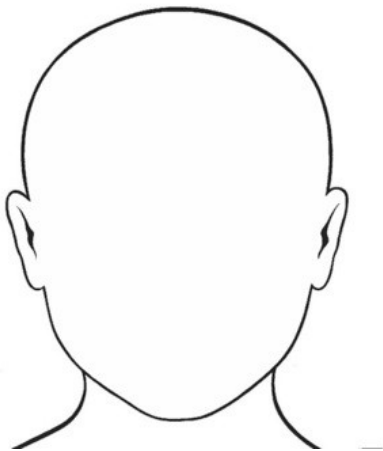
City _____ State _____ Zip _____ Country _____

Phone _____ Alternate Phone _____

E-mail _____

Date you wish to begin _____

Please put a head shot photo here
or attach to the application



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

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 treated or hospitalized 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, section 8, (below), including dates when applicable.

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

Date of your last tetanus 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 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 City Center?

PERSONAL STATEMENT

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

1. Brief personal history
2. Any previous experience in Buddhist or other meditation practices (other than SFZC)
3. Your interest in Zen and participating in the WPA Program at this time
4. What are your plans for using your earned practice period credits, if any
5. Intention in applying to practice at City Center at this time
6. Interest in continuing to train beyond the initial visit, if any
7. Work experience and skills (please include any form of medical training or experience)
8. Physical or mental health issues, including any noted under Health Record, above and how it might affect your Zazen and work practice
9. Any other limitations that would prevent you from participating fully in the regular daily schedule?

It is a prerequisite for being accepted to the WPA program to do at least 2 weeks of guest student practice at City Center.

All applications for the City Center Work Practice Apprentice (WPA) Program should be sent to:

ccdirectorassist@sfzc.org

The \$70 application fee should be paid over the phone to the City Center Front Office:

415-383-3134

Updated 03/2018