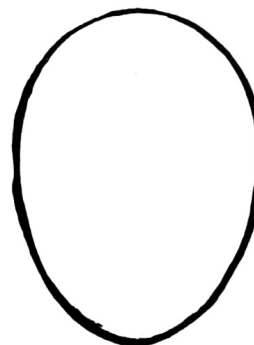


TASSAJARA ZEN MOUNTAIN CENTER

Summer Work Practice Application

INCLUDE HEAD SHOT PHOTO HERE



REQUESTED DATES:

- Whole Summer: **April 07 – Sept 13, 2020** (includes a 6 day vacation midsummer)
- Partial Summer: **Arrive on:** _____ (MM/DD) **Depart on:** _____ (MM/DD)
(If you wish to be considered for the Work Practice Apprenticeship (WPA) program, a three month commitment or longer is required between April 25th and September 8th)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Male Female Transgender

EMERGENCY CONTACTS: In case of an emergency, please contact:

Name: _____ Phone: _____

My relationship to the person above: _____

Physician: _____ Phone: _____

Therapist: _____ Phone: _____

Insurance Policy Number: _____

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

Have you received Buddhist precepts? ___By whom? _____ Date: _____

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

Current Primary Teacher/Practice Leader (if applicable): _____

HOUSING (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I want to room with other men | <input type="checkbox"/> I Snore |
| <input type="checkbox"/> I want to room with other women | <input type="checkbox"/> Other (please describe) _____ |
| <input type="checkbox"/> I don't mind a mixed gender room | |
| <input type="checkbox"/> I have insomnia/other sleep disorder | |

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 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).

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

Have you ever been convicted of a felony or serious misdemeanor? YES NO

If yes, please state the nature of the offense(s), when & where convicted, and disposition of the case. Convictions for marijuana-related offenses 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 work practice student at Tassajara may, however, be considered.

PERSONAL STATEMENT

On a separate piece of paper, please write a personal statement addressing the subjects below, and number each section as follows:

1. Your intention in applying to Tassajara at this time
2. Any previous experience in Buddhist or other meditation practices
3. Any previous experience living in community
4. Brief personal history
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)

WORK PRACTICE REQUIREMENTS:

1. Follow the schedule of morning and evening meditation, and morning and evening services of bowing and chanting.
2. Attend the work practice schedule.
3. Attend talks and ceremonies.
4. Attend small group meetings and community meetings.
5. Refrain from drug and alcohol use.
6. Refrain from initiating any new sexual relationships.
7. Follow the Tassajara Guidelines (Monastic Regulations for Summer Zen Training).
8. Do not leave Tassajara during your stay if it is your first summer (except for vacation, if applicable, or emergencies).

I have read the above Work Practice Requirements, and the Tassajara Guidelines, and I agree to follow them completely.

Signature: _____

Date: _____

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- **Check or money order** for application fee
 - New Student: nonrefundable fee \$75 (for 1st time summer students)
 - Returning Student: nonrefundable fee \$25

- **Personal Statement**
- **Letter of recommendation from a teacher or employer, and at least one reference**

Send your application, check or money order, personal statement, and letter of recommendation to zmcdirectorassist@sfzc.org, or mail to:

Director
Tassajara Zen Mountain Center
39171 Tassajara Road
Carmel Valley, CA 93924

