## Sonoma Mountain Zen Center

## Resident Application

1. Basic Information					
Name	Gender	Date of Birth			
Address		Telephone			
City	State	Zip Code			
Marital Status					
Children (Names and Ages)					
Do you live with your family?					
2. Education and Work Experience					
Highest Level of Education	Degree(s)				
Field(s) of Study					
Currently Enrolled? (If "yes", please explain your current situation)					
Work Experience (Most recent first). Please include – Job Title, Type of Work, Name of Business, and the dates you were employed.					
Job 1					
Job 2					
Job 3					

## 3. Health and Wellbeing Describe your overall health: Do you have any special needs? If "yes", please explain. Do you have any food allergies? Is "yes", please explain. Do you take any prescription medications? If "yes", please explain. Do you have any problems with addiction, either now or in the past? If "yes", please explain. Have you had counseling or therapy? If "yes", when and with whom? For what reason?

Have you ever been hospitalized due to mental illness? If "yes", please explain when, where, and for how long.

Have you ever been arrested or convicted of a crime? If "yes", please explain.

## 4. Religious and Practice Background

What was your religious upbringing?
What has been your spiritual practice for the past 10 years? Please include teacher(s) name(s), years you practiced, and other details.
Why do you want Zen training? Why do you want to train here?
What would you like to accomplish now in terms of your spiritual life?
What expectations or fantasies do you have about practicing here?
What can you offer this community?

Please tell us how you will financially support yourself during your resident training period?						
6. Emergency Informatio	n					
Emergency Contact Name		Relati	onship			
Address		City		State		
Zip Code	Home Phone	Work Phone				
Signature of Applicant:			Date:			

5. Financial Information