

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?

5. Financial Information

Please tell us how you will financially support yourself during your resident training period?

6. Emergency Information

Emergency Contact Name	Relationship	
Address	City	State
Zip Code	Home Phone	Work Phone

Signature of Applicant:

Date:

Sonoma Mountain Zen Center
6367 Sonoma Mountain Road, Santa Rosa, CA 95404
(707) 545 8105 office@smzc.org