

**Green Dragon Temple / Green Gulch Farm Zen Center**  
**FALL PRACTICE PERIOD APPLICATION**  
**October 17 – December 11, 2018**

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

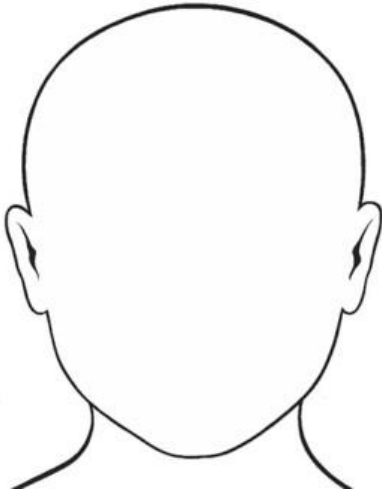
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please put a head shot photo here



**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)

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**Have you received Buddhist precepts?** \_\_\_\_\_

**Have you been ordained as a Buddhist priest?** \_\_\_\_ If so, by whom? \_\_\_\_\_

Ordination date: \_\_\_\_\_

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



**PRACTICE PERIOD REQUIREMENTS:**

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.

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

Signature \_\_\_\_\_

**PAYMENT IN FULL (\$2181)** 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 August 20, 2018.

**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 mail **this form, your personal statement, a recent photograph, and a non-refundable \$30 application fee\*** to:

**Practice Period Applications Committee  
 Green Gulch Farm Zen Center  
 1601 Shoreline Highway  
 Muir Beach, CA 94965  
 Attention: Sonja Gardenswartz, Assistant to Senior Dharma Teacher,  
 Tenshin Reb Anderson**

**You may return this form by email** to: rebassistant@sfzc.org. You may also email your photograph. If you apply by email, **please send your application fee or fee and photo to the address above.**

**For further questions,** please contact **Sonja** by email rebassistant@sfzc.org.

*\* Application fee waived for current SFZC residents.*