

# Green Gulch Farm

## Basic Residential Practice Application Form

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

New Student     Returning Student    Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

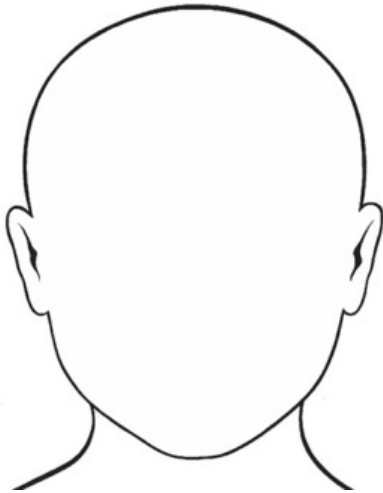
Address \_\_\_\_\_

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

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

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

Please put a head shot photo here



Please check which specific program(s) you are applying for and attach supplemental application materials to the Basic Residential Practice Application, as follows:

- A - Guest Student Program
- B - Guest Program Apprenticeship
- C - Kitchen Apprenticeship
- D - Farm or Garden Apprenticeship
- E - Practice Period
- F - January Intensive

### 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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**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 <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 (below), including dates when applicable.**

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

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Date of your last tetnus 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 that are more than two years old need not be listed.

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Note: No applicant will be denied residency solely on the grounds of conviction of a criminal offense.

How did you hear about Green Gulch?

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**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
3. Intention in applying to practice at Green Gulch at this time
4. Interest in continuing to train beyond the initial visit, if any
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