Visitor/Resident Application

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| **Applicant Contact Information** | | | |
| Last Name | First Name | | Date of Birth |
| Current Address | | | |
| City | State | | Zip |
| Phone(s) | | Email | |
| Occupation | | Employer/School | |
| Purpose of Stay  Temporary Visit  Personal Retreat  Residential Stay | | Proposed Dates of Stay | |

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| **Emergency Contact Information** | | | |
| Last Name | First Name | | Relationship |
| Current Address | | | |
| City | State | | Zip |
| Phone(s) | | Email | |

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| **Background Information** |
| *For Resident Applicants only:* Why are you interested in joining our community? |
| Describe any previous experience with meditation and/or Buddhism. |
| **Background Information** *(continued)* |
| Provide any other information about your religious background that you believe might be helpful. |
| Have you ever been convicted of a crime?  Yes  No  If yes, please explain. |
| Please describe briefly experience you have had with psychiatric/psychotherapy or the healing arts as these may influence meditation training. |
| Are you currently taking medications that are critical to your health? If yes, please describe. |
| Describe any allergies or medical or dietary requirements. |

**Disclaimer & Signature**

I certify that the above information is true and complete. I agree to uphold the responsibilities of a Zen Buddhist Temple resident or visitor and have:

* read and understand the Visitor’s Program Guidelines
* signed the Release from Liability
* completed a Temple Membership Form (*resident applicants only*)

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| Signature: | |
| Print Name: | Date: |