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 [ ]  NoIf 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:       |