



**ZEN CENTER OF LOS ANGELES / BUDDHA ESSENCE TEMPLE**  
 923 South Normandie Avenue, Los Angeles, CA 90006-1301  
**Tel (213) 387- 2351    ♦    Fax (213) 387-2377    ♦    email: info@zcla.org**

**RESIDENTIAL TRAINING APPLICATION**

(Please fill out one application for each person, except child/children)

This is an application to participate in ZCLA’s Residential Training Program. The Residential Training Program is designed for those who are serious practitioners of Zen Buddhism. It should be understood by all applicants that residency at ZCLA is subject to following the current list of Resident Requirements. If accepted, you will be entitled to stay in an apartment owned by ZCLA.

1. Family Name:	
2. First Name (and Dharma name)	
3. Street:	
4. City:	
5. State:	6. Zip Code:
7. Phone (Day): (Eve):	
8. E-mail:	
9. Fax:	
10. Date of Birth:	11. Sex:
12. Marital Status:	
13. Name of Spouse or Partner, if applicable:	
15. Children (Names & Ages):	

<b>HOUSING REQUEST</b>	
2 Bedroom Apartment	<input type="checkbox"/>
1 Bedroom Apartment	<input type="checkbox"/>
Studio Apartment	<input type="checkbox"/>

**Are you a member?**

yes  no

Personal photo of any kind

<b>In case of accident or serious illness while at the Zen Center, who should we notify?</b>	
Name	
Address	
Phone + email address	
Relationship	

16. Number of Vehicles and Brief Description:

17. Any Pets?

18. Preferred Start Date:

19. Expected Length of Occupancy:

***PRACTICE INFORMATION:***

1. Have you previously had meditation experience?

2. What sort?

3. For how long?

4. Do you still do this practice?

5. Who was your teacher?

6. Have you ever practiced Zen at a formally established Center or group?:

If so, when?

Where?

Please give us a reference that we may contact, if necessary: (name, address, phone number):

7. Have you received the precepts Jukai  or Tokudo ?

When?

Where?

Who is your preceptor?

8. Have you made a formal commitment to be a student of a Dharma teacher?

If yes, please give name and contact information of teacher:

9. Are you trained in any Service positions, if yes, please state which position(s):

10. Have you done oryoki?

**BRIEF HISTORY:**

*(please use the back side or attachment, if you need more space)*

1. Other religious Experiences:

2. Community Living Experience:

3. Briefly Describe Why You Would Like To Live at ZCLA:

**EDUCATION:**

1. Highest Grade completed:

2. Degrees & University:

3. Languages (fluent):

**WORK EXPERIENCE:**

1. List your current work and previous job:

Job Title	Name of Business	Dates (approx)

2. Other Work Experience:

3. Hobbies and Special Interests:

4. Work Skills

Cooking    Electrical    Carpentry    Gardening    Computer    Cleaning

5. Do you do volunteer?

If yes, where:

**ZEN CENTER:**

1. How did you hear about the Zen Center of Los Angeles?

2. Have you completed the ZP 3 class?

**PHYSICAL AND PSYCHOLOGICAL HISTORY**

1. How would you rate your general physical health? (Good, Fair, Poor)?

2. Do you suffer from any other major health problems, such as heart and so on? If yes, please describe including medication?

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3. Have you done psychotherapy? Are you currently seeing a therapist?

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4. Do you suffer from major psychological problems, i. e. depression, suicidal,...  No  Yes  
Have you ever been in psychiatric treatment or hospitalization?  No  Yes  
If yes, state the nature of problem and current condition.

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5. Do you have any food allergies?  No  Yes If yes, Please specify:

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6. Do you suffer from alcohol and/or drug addiction?  No  Yes  
Have you ever suffered from alcohol and/or drug addiction?  No  Yes  
If yes, please describe including treatment and current status (like AA or NA meetings):

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*RELEASE: Residents at Zen Center of Los Angeles may find some aspects of the program physically or mentally demanding. The programs include physical work and certain other requirements. I may freely decline to participate in any work which in my sincere judgment is dangerous to my health. I realize that I may consult with a teacher or senior from the Center to resolve any difficulties I might have. I agree to release and to indemnify Zen Center for any injury to others caused by me. I understand that my physical, mental, and emotional well-being are my own responsibility and understand that practice is not a substitute for therapy. I am receiving treatment for any medical or psychological condition(s) I have, and I have revealed all pertinent information on this form.*

I understand that the Zen Center of Los Angeles is a Zen Buddhist religious practice center and that preference for residency is based on my commitment to practice:

1. Study/Zazen
2. Liturgy
4. Service/Work in the Community
5. Participation in the smooth functioning of the Community

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Name

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I have read and filled out this form (please check)

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Date