



# Vermont Zen Center

## TRAINING PROGRAM APPLICATION

Period applying for \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name \_\_\_\_\_ Phone(H) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_

Present Occupation \_\_\_\_\_

Marital status \_\_\_\_\_ Number of children \_\_\_\_\_ Ages \_\_\_\_\_

If you are married, are you living with your spouse? \_\_\_\_\_

If you are separated and have young children, are they living with you? \_\_\_\_\_

Name of person to notify in case of emergency: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are you a member of the Vermont or Toronto or Casa Zen Sangha? \_\_\_\_\_

If so, which one, and for how long? \_\_\_\_\_

Have you attended a Zen workshop at any of the above Centers? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been in a training program at any Zen Center before? \_\_\_\_\_

If so, where? \_\_\_\_\_ and when? \_\_\_\_\_

How long have you been doing zazen regularly? \_\_\_\_\_ How long do you sit each day? \_\_\_\_\_

Are you currently associated with any church, spiritual, or meditation groups? \_\_\_\_\_

If yes, please indicate the name(s) and director(s) or teacher(s) of the group(s) \_\_\_\_\_

Below are typical work activities at the Center. Please check those with which you have had experience and please add any special skills or talents which are not listed:

- |   |   |
|---|---|
| <input type="checkbox"/> Gardening<br><input type="checkbox"/> Carpentry<br><input type="checkbox"/> Sewing<br><input type="checkbox"/> Kitchen Work<br><input type="checkbox"/> Electrical Work<br><input type="checkbox"/> Furniture Refinishing<br><input type="checkbox"/> House Painting<br><input type="checkbox"/> Office Work<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Other (Describe in detail) | WHAT IS YOUR EXPERIENCE/TRAINING IN THIS AREA?<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
|---|---|

## Medical Information

*Please answer in detail; attach sheet if necessary. This information is used solely to determine if it is in your best interests to attend this program. It will be kept strictly confidential and is destroyed after the program ends or if you are not accepted.*

Do you have any chronic medical problems, major or minor, such as diabetes, heart disease, hernia, allergies, dizziness or fainting, ulcers, hepatitis or any other conditions?

Do you have any serious physical problems connected with sitting zazen? \_\_\_\_\_ Are you able to sit on zazen cushions or do you need a chair?

Have you ever had counseling or psychotherapy? \_\_\_\_\_ Have you ever been hospitalized for emotional problems? \_\_\_\_\_ If so, please describe for what reasons, when and for how long a period you were treated, and the outcome of the treatment.

Have you ever had any major operations? \_\_\_\_\_ If so, when and what were they?

Are any of the above conditions aggravated under stress?

As far as you know, do you have any other physical or mental conditions or tendencies (such as addiction) which could interfere with or influence in any way your participation in this training program?

*ENCLOSE WITH THIS APPLICATION THE FOLLOWING:*

- A detailed statement why you wish to participate in a training program at the Center. (**First time applicants only.**)
- A deposit of one half the total cost of the training program, payable in US funds to the Vermont Zen Center. Cost of the training program is \$15 (non-members \$25) per night for room and board, plus a \$100 (non-members \$150) training fee.
- A current photo if you are not a member of the Zen Center.

*If accepted to this training program, I agree to abide by all the guidelines for the conduct of a trainee, and also agree to finish the program. I understand that once the program has begun, fees are non refundable.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE