



ROCHESTER ZEN CENTER
A BUDDHIST COMMUNITY

7 Arnold Park, Rochester, NY 14607

Telephone: (585) 473-9180; Facsimile: (585) 473-6846; Email: mail@rzc.org; Website: www.rzc.org

Training Program Application

Period applying for _____ Date of Birth _____
Name _____ Phone (H) _____
Address _____ Phone (W) _____
_____ Zip Code _____
_____ Email _____

Present occupation _____

Marital status _____ Number of children _____ Ages _____

If you are married, are you living with your spouse? _____ If you are separated and have children, are they living with you or the other parent? _____

Person to notify in case of emergency: Name _____

Address _____ Zip code _____

Relationship _____ Phone _____

Are you a member of the Rochester Zen Center or any of its affiliates? _____

If so, which one, and for how long? _____

Have you attended a Zen workshop at the Rochester Center? _____ When? _____

Have you ever been to a training program at the Rochester Zen Center before? _____

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

Are you now associated with any church, spiritual, or meditation group(s) other than the Zen Center? _____

If yes, please indicate the names(s) and director(s) or teacher(s) of the group(s). _____

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

What is your experience/training in this area?

- () Carpentry _____
- () Gardening _____
- () Painting _____
- () Electrical work _____
- () Heavy labor _____
- () Kitchen work _____
- () Office _____
- () Plumbing _____
- () Sewing _____
- () Word processing _____

If you have ever been convicted of a crime, give the following information for each conviction: Year, place and court of the conviction, the crime of which you were convicted, and the sentence you received. Also, please describe the circumstances surrounding the crime and conviction. Attach additional sheets if necessary. _____

MEDICAL INFORMATION

(Please answer in detail; attach sheet if necessary.)

1. Do you have any chronic medical problems, major or minor, such as diabetes, heart disease, hernia, allergies, dizziness or fainting, ulcers or any other similar condition?
2. Do you have any serious physical problems connected with sitting zazen? _____ Include stiff legs, sore back, or any other problems.
3. Have you ever had counseling or psychotherapy? Or 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.
4. Have you ever had any major operations? _____ If so, when and what were they?
5. Are any of the above conditions aggravated under stress?
6. As far as you know, do you have any other mental conditions or tendencies (such as an addiction) or physical problems (such as a bad back or knees) which could interfere with or influence in any way your participation in this training program?

ENCLOSED WITH THIS APPLICATION ARE THE FOLLOWING:

- A sheet stating in detail why I wish to participate in a training program at the Center.
- \$_____, being a deposit of one half of the total cost of the training program, payable to the Rochester Zen Center. The cost is \$15 (non-members \$25) per day for room and board for the first 21 days, plus a \$100 training fee for the first training program only.
- A current photograph, if the Center has not received one in the last 2 years.

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.

SIGNATURE

DATE