



SAN FRANCISCO ZEN CENTER

CITY CENTER RESIDENTIAL PRACTICE PERIOD APPLICATION

Dates of Practice Period: _____

Practice Period Leader: _____

Date of Application: _____

Part I. Please provide the following information:

Name: _____ Birthdate: _____

Address: _____

Phone: (day) _____ (evening) _____

e-mail: _____ FAX: _____

In case of emergency, whom should we notify?

Name: _____ Relationship: _____

Address: _____

Phone: (home) _____ (work) _____

e-mail: _____

Reference contact

Name: _____ Relationship: _____

Address: _____

Telephone: _____ e-mail _____

Those practicing with a Buddhist teacher who is not in residence at the San Francisco Zen Center should provide contact information and a letter of recommendation from their teacher.

The responses to these questions can be made directly on the application:

Have you practiced at one of Zen Center's three practice places before? If so, please list dates of sesshins, staff positions, and any practice periods you have attended. Please list the teacher who led your last practice period at Zen Center, and your most recent practice leader at Zen Center.

Have you been trained in serving oryoki meals or in doan ryo positions?

How will you support yourself during your stay at City Center? What are your plans following practice period?

Are you interested in continuing in residential practice at Zen Center after this practice period? If so, please describe.

Have you received Buddhist precepts in lay ordination? _____
By whom and where? _____ Ordination date: _____

Have you been ordained as a Buddhist priest? _____
By whom and where? _____ Ordination date: _____

Part II. Please attach a statement discussing each of the following, numbering your responses:

1. Your interest in Zen and in participating in the practice period at this time.
2. A brief personal history.
3. Your experience studying and/or practicing Buddhism or other spiritual traditions (other than at San Francisco Zen Center).
4. Significant physical, psychological, or emotional difficulties, particularly those for which you have received professional help or been hospitalized. Please list dates, if applicable.
5. Have you ever been convicted of a criminal offense? Yes / No
If yes, please state the nature of the crime(s), when and where you were convicted, and the disposition of the case. (No application will be denied solely on the grounds of conviction of a criminal offense. The nature and date of the offense, the surrounding circumstances, and the relevance of the offense to residential and work practice and community life may, however, be considered.)
6. History of alcohol or substance abuse. Please list any treatment programs and dates. Zen Center requires 90 days clean and sober before participating in residential programs.
7. Current tobacco use.
8. Any past or current eating disorders.
9. Current use of prescription medications. If any, please list medications and briefly describe the conditions being treated. Do you plan to continue your medication during practice period?
10. Any current medical problems (e.g. back, sciatica, or knee injury, repetitive stress conditions, food or other serious allergies).
11. In order to help with the assignment of housing, please indicate if you snore or use a CPAP machine.
12. Any limitations that would prevent you from completely following the practice period schedule?

Full Participation in a City Center Practice Period Requires:

- Monday through Saturday attendance at morning and evening meditation, service, and temple cleaning; [see sample schedule](#)
- Attendance at twice-weekly dharma talks, a weekly class, formal oryoki meals and ceremonies
- Weekly meal preparation and dishwashing shifts and temple jobs
- Following the [City Center Practice Guidelines](#)
- Refraining from recreational drug and alcohol use
- Refraining from beginning any new sexual relationship

Part III. Please designate your level of involvement in the practice period:

Residential practice period applicants apply to take part in either a “full” practice period schedule or a “limited” schedule that does not include the daily temple work. Please designate your level of involvement in the practice period and your preference for housing by marking a check in the appropriate circle (please mark both shared and private if you want to be considered for both, also note that there are different fee rates for each).

Participating as a resident in the “full” practice period schedule (i.e. working in the temple).

This is the category of participation for anyone who has earned a practice period scholarship through the Work Practice Apprenticeship (WPA) program at any Zen Center location, including the summer at Tassajara:

- Shared Room
- Private Room – availability is limited and reserved first for those with special needs

Participating as a resident in the “limited” practice period schedule (i.e. working or attending school outside of the temple).

- Shared Room
- Private Room – availability is limited and reserved first for those with special needs

Practice Agreement

I have read, understood, and kept a copy of the [City Center Practice Guidelines](#) and reviewed the [practice period schedule](#). If accepted, I agree to observe the guidelines and participate fully in the practice period.

Signature _____ Date _____

All first-time residential applicants are required to meet with the City Center Director and the City Center Head of Practice prior to the application due date. If a physical meeting is not practical, a telephone appointment can be made. Please email ccdirector@sfzc.org to make an appointment with the director and cctanto@sfzc.org to make an appointment with the head of practice. If you have any questions about financial assistance, work exchange, or any other matters related to the application process, please contact the City Center Director at 415-354-0383 or by email at ccdirector@sfzc.org.

Please send via email, after paying the non-refundable \$30 application fee online (link on practice period page), to ccdirector@sfzc.org:

- 1) the completed application
- 2) your personal statement, and
- 3) a recent photograph

Or mail the above with a \$30 check to:

Practice Period Applications Committee
San Francisco Zen Center/City Center
300 Page Street
San Francisco, CA 94102

Payment of the practice period fee in full is required on arrival at the practice period, unless other arrangements have been made in advance.

ATTACH PHOTO HERE