



**ZEN CENTER OF LOS ANGELES / GREAT DRAGON MOUNTAIN /
BUDDHA ESSENCE TEMPLE**

923 South Normandie Avenue, Los Angeles, CA 90006-1301

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ZCLA GUEST APPLICATION

Zen Center of Los Angeles (ZCLA) offers an opportunity for Zen practitioners to have a short-term stay at ZCLA with the understanding that ZCLA is a Zen Buddhist religious practice center. A guest stay can range from one day to one month with varying degrees of participation in ZCLA programs. **All guests must be fully vaccinated and boosted and have available self-testing Covid test kits during their stay.** Here is the link to our vaccination policy: [ZCLA Vaccination Policy – Zen Center of Los Angeles](#)

ZCLA guests will have the opportunity to participate in the following aspects of Zen practice while at the Zen Center. The degree of participation of each guest will be discussed at the time of the application.

1. Zazen (in the Zendo at scheduled times).
2. Dharma Study (including attending face-to-face interview with teachers during formal zazen and attending Dharma talks, Programs, and Circles).
3. Liturgy (participating in chanting services).
4. Samu / Work Practice (such as maintaining buildings, grounds and helping with programs).
5. Shared Stewardship (participating in the functioning of the community).

All ZCLA guest applications are subject to the Abbott's approval. If accepted, you will be housed in a guest room in a ZCLA building. All guest rooms share co-ed bathrooms which are used by other guests and members. ZCLA can provide on-site parking for one vehicle per guest room.

All guests must comply with the current rules and regulations applicable to all ZCLA residents and guests. Please understand that smoking in guest rooms and pets are not permitted. There are no telephones, radios or televisions in guest rooms and because many guest rooms are adjacent to practice areas, we ask that you not bring radios or TVs. Alcohol, drugs, and weapons are prohibited.

Guest stays do not extend beyond 30 days. Please be aware of this when you are making travel arrangements.

Please fill out the application and submit it to the Guest Steward. Upon receiving the application, the Guest Steward will contact you to review the application and your intention for your guest stay either by phone or by ZOOM.

PERSONAL INFORMATION

1. Family name: _____
2. First name (and Dharma name, if any): _____
3. Address:
Street: _____
City _____
State _____ Zip code: _____
4. Telephone number(s):
Day/Evening: _____
Cell: _____
5. Email: _____
6. Are you a member of ZCLA? Yes No
7. Are you a member of a White Plum Sangha Zen Center or group?
 Yes No If yes, wich one: _____
8. Are you a member of a Zen Center or other religious organization? Yes No If yes, which one: _____
9. Date of birth: _____ Sex: Male Female
10. Vehicle:
Make _____ Color _____ License plate # _____
11. Preferred start date: _____
12. Length of Guest stay being requested: _____

EMERGENCY CONTACT

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

PRACTICE INFORMATION

1. Have you previously had meditation experience? ___No ___Yes

2. If yes, what sort? _____

For how long? _____

3. Do you still practice? ___No ___Yes

4. Who is/was your teacher? _____

5. Have you practiced Zen with a formally established Center or group? ___No ___Yes

If yes, when? _____

Where? _____

Did you live at the Zen Center? ___No ___Yes

Please give us a reference that we may contact:

Name: _____

Address: _____

Phone: _____

Email: _____

6. Have you received the precepts? ___Jukai ___Tokudo) No ___ Yes ___

When? _____

Where? _____

Who is your preceptor? _____

7. Have you made a formal commitment to be a student of a Dharma Teacher? ___No ___Yes

If yes, please give us the name and contact information of your teacher.

Name: _____

Address: _____

Phone: _____

Email: _____

BRIEF HISTORY

1. Other religious associations: _____

2. Community living experiences: _____

3. Briefly explain why you are requesting to be a guest at ZCLA: _____

WORK EXPERIENCE

1. List your current employment:

Job Title	Name of Business	Length of Employment

2. Work Skills:

Cooking___ Gardening___ Computer___ Other: _____

ZEN CENTER OF LOS ANGELES

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

2. Have you completed any of ZCLA's introductory Zen practice classes? If so, which one(s) and when?

PHYSICAL AND PSYCHOLOGICAL HISTORY

1. How would you rate your general physical health? Good ___ Fair ___ Poor ___

2. Do you suffer from any major health problems? ___No ___Yes

If yes, please describe including any medications you are currently using:

3. Do you suffer from major psychological problems? ___No ___Yes If yes, please explain:

Have you ever been in psychiatric treatment or been hospitalized? ___No ___Yes If yes, state the nature of the problem and current condition:

4. 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 (such as attending AA or NA meetings):

DISCLAIMER AND RELEASE:

Participants in the training programs at Zen Center of Los Angeles—including Guests—may find some aspects of the programs physically or mentally demanding. The programs include physical work and certain other requirements. I understand that I may freely decline to participate in any work which in my sole judgment might be dangerous to my health. I also understand that I may consult with a teacher or senior practitioner at the Zen Center to resolve any difficulties I might have as a Guest.

I understand that my physical, mental, and emotional well-being are my own responsibility and I further understand as a Guest that Zen practice and ZCLA programs are not a substitute for therapy. I represent that I am receiving any treatment I consider appropriate, in consultation with medical or psychology professionals of my choice, for any medical or psychological condition(s) I have, and I have disclosed information in this regard on this form. Accordingly, I hereby release Zen Center of Los Angeles, its officers, directors, staff and teachers from any injury sustained by me as a Guest in the course of participation in ZCLA programs, including, without limitation.

Further, I hereby indemnify, agree to defend and hold Zen Center of Los Angeles, its officers, directors, staff and teachers (collectively, “ZCLA”), harmless from and against any and all claims, actions and causes of action, injuries (including without limitation physical, financial, legal and reputational injuries), damages, costs, expenses and losses sustained by ZCLA arising from my conduct or my participation in the Guest Program and any other ZCLA program in which I participate. The Zen Center of Los Angeles and the Guest both have the right to end the Guest stay due to unforeseen circumstances.

Please sign this form and return it to the ZCLA Guest Steward.

Signature

Print name

Date