



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 ◇ E-mail: info@zcla.org

Post-Incarceration Application to Practice at ZCLA

(\$30 Suggested Application Fee)

PERSONAL INFORMATION:

1. Name:	2. Sex: (M) (F)
3. Street:	
4. City:	
5. State:	6. Zip Code:
7. Phone (Landline):	(Cellphone):
8. E-mail:	
9. Date of Birth:	
10. Marital Status:	
11. Name of Spouse or Partner:	
12. Spouse's address and telephone:	
13. Children (Names and ages):	

EDUCATION:

1. Highest Grade completed:
2. Degrees received; where & when:
3. Languages (fluent):

WORK EXPERIENCE: (include dates)

1. List most recent before incarceration:			
	Job Title	Name of Business	Dates (approx)
2. Work experience during incarceration:			
3. Current Work Experience (include starting date):			
4. Name and contact of present employer:			
5. Hobbies and Special Interests:			
6. Special Skills:			
7. Do you volunteer? If yes, where:			

PRACTICE INFORMATION:

1. Have you previously had meditation experience? What sort?	
2. For how long?	3. Do you still do this practice?
4. Who was your teacher?	
5. Have you ever practiced Zen at a formally established Center or group? If so, when? Where? Please give a reference that we may contact, if necessary: (name, address, phone number):	
6. Have you received the precepts (Jukai or tokudo)? When? Where? Who was your preceptor?	
7. Have you made a formal commitment to be a student of a Dharma teacher? If yes, please give name and contact information of the teacher:	
8. Previous religious affiliations? How long?	

HISTORY of INCARCERATION:

1. For what crimes were you convicted? Give dates:
2. What was/were the term(s) of your sentence(s):
3. What are the conditions of your parole?
4. Who is your parole/probation officer (name and contact information):

--

ZEN CENTER:

1. How did you hear about the Zen Center of Los Angeles?
2. Who is your Angulimala Prison Project contact?
3. Any additional character reference you care to provide?
4. Why are you interested in practicing at this Zen center? (Write on back or attach extra sheets if necessary)

HEALTH:

1. How would you describe your general physical health? (Good, Fair, Poor)?								
2. Do you have any specific health problems that we should know about?								
3. How would you describe your general psychological and emotional health?								
4. Have you ever been, or are you now, in psychotherapy?								
5. If yes, give dates of therapy and name(s) and contact information of therapist(s). (Your therapist will not be contacted without your written permission).								
6. Have you ever been hospitalized for psychiatric treatment? If yes, dates & where?								
7. In case of accident or serious illness while at the Zen Center, who should we notify?								
<table border="1"><thead><tr><th>Name</th><th>Address</th><th>Phone</th><th>Relationship</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Name	Address	Phone	Relationship				
Name	Address	Phone	Relationship					

RELEASE: Members at Zen Center of Los Angeles may find some aspects of the program physically or mentally demanding. The programs do include physical work and vigorous daily schedule. 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.

Date:	Name:
I have read and filled out this form (please check) <input type="checkbox"/>	

