



**ZEN CENTER OF LOS ANGELES / BUDDHA ESSENCE TEMPLE**

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

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**EXTENDED GUEST TRAINING PROGRAM APPLICATION**

This is an application to participate in ZCLA's Extended Guest Training Program. The Extended Guest Training Program is intended for those who are serious practitioners of Zen Buddhism. It should be understood by all applicants that participation in the Extended Guest Training Program and all overnight guest visits at ZCLA are subject to the Abbot's approval. An extended guest trainee stay is limited to a period of one month, unless extended by the Abbot. Additionally, you will be expected to comply with the current rules and regulations applicable to all residents and guests of ZCLA. You will be advised of these regulations upon your arrival.

If accepted, you will be housed in a guest room in a ZCLA building. 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. Some but not all guest rooms may have wireless internet access, and although we will try to accommodate you with a room with such access if you ask, we cannot assure that a room with access will be available. Most guest rooms share co-ed bathrooms which are used by other guests. ZCLA can provide on-site parking for one vehicle per guest room.

**PERSONAL INFORMATION**

1. Family Name: \_\_\_\_\_

2. First Name (and Dharma name, if any): \_\_\_\_\_

3. Address (please indicate whether or not you will maintain this address during your stay at ZCLA): \_\_\_\_\_

4. Street: \_\_\_\_\_

5. City: \_\_\_\_\_

6. State: \_\_\_\_\_

7. Zip Code: \_\_\_\_\_

8. Telephone number(s) (day/evening/cell): \_\_\_\_\_  
Fax number: \_\_\_\_\_

9. Email: \_\_\_\_\_

10. Are you a member of ZCLA? \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_

10. Sex: \_\_\_\_\_

11. Marital Status: \_\_\_\_\_

12. Name of Spouse or Partner, if applicable: \_\_\_\_\_

13. Children (Names & Ages): \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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**Photo of any kind**

**PRACTICE INFORMATION**

1. Have you previously had meditation experience?

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2. What sort?

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3. For how long?

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4. Do you still do this practice?

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5. Who is/was your teacher?

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6. Have you ever practiced Zen with a formally established Center or group?

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If so, when?

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Where?

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Please give us a reference that we may contact, if necessary (name, address, phone number)

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7. Have you received the precepts (jukai or tokudo)?

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When?

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Where?

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Who is your preceptor?

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8. Have you made a formal commitment to be a student of a Dharma teacher?

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If yes, please give name and contact information of teacher:

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9. Are you trained in any service (liturgical) positions? If so, please state which position(s):

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10. Have you had oryoki instruction or experience?

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**BRIEF HISTORY**

*(please use the back of this paper or an attachment, if you need more space)*

1. Other religious experience:

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2. Community living experience:

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3. Briefly describe why you would like to be an extended guest trainee at ZCLA:

**EDUCATION**

1. Briefly describe your education:

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2. Are you fluent in languages other than English? If so, which?

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**WORK EXPERIENCE**

1. List your current and previous jobs:

Job Title	Name of Business	Dates (approx)

2. Other Work Experience:

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3. Hobbies and Special Interests:

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4. Work Skills:

Cooking  Gardening  Computer Other

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5. Do you do volunteer work?

If yes, where:

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**ZEN CENTER**

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

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

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## PHYSICAL AND PSYCHOLOGICAL HISTORY

1. How would you rate your general physical health? (Good, Fair, Poor)?

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2. Do you suffer from any major health problems? If yes, please describe including any medication you are currently taking.

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3. Have you ever been in psychotherapy? Are you currently seeing a therapist?

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4. Do you suffer from major psychological problems?  No  Yes  
If yes, please explain.

Have you ever been in psychiatric treatment or have you been hospitalized?  No  Yes  
If yes, state the nature of problem and current condition.

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5. Do you have any food allergies?  No  Yes If yes, please specify:

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6. 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 AA or NA meetings).

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*DISCLAIMER AND RELEASE: Participants in the training programs at Zen Center of Los Angeles—including the Extended Guest Training Program-- 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 Center to resolve any difficulties I might have with full participation in the Extended Guest Training Program.*

*I understand that my physical, mental, and emotional well-being are my own responsibility and further understand that Zen practice and ZCLA programs including the Extended Guest Training Program 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 in the course of participation in ZCLA programs, including, without limitation, the Extended Guest Training Program.*

*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 Extended Guest Training Program and any other ZCLA program in which I participate.*

I understand that the Zen Center of Los Angeles is a Zen Buddhist religious practice center and that selection for participation in the Extended Guest Training Program will be based on my commitment to the following aspects of practice:

1. Zazen (Zen meditation, independently and in the Zendo at scheduled times)
2. Dharma study (including attending face-to-face interview with teachers during formal zazen and attending Dharma talks and programs)
3. Liturgy (participating in chanting services and learning and performing service positions)
4. Work in the Community (such as maintaining buildings, grounds and helping with programs)
5. Participation in the harmonious functioning of the Community (including observing regulations applicable to all residents and guests)
6. Fulfilling all other requirements of the Extended Guest Training Program

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

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Signature

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Printed name

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Date