OFFICE USE ONLY

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reason

Mt. Baldy Zen Center
P.O. Box 429
Mt. Baldy, CA 91759
(909) 985-6410
www.mbzc.org - office@mbzc.org

Name M/F Birthdate

Last First Middle

Address Phone: ( )

Street

Married/Single

City State ZIP

What date do you intend to arrive?

How long do you intend to stay?

Educational History:

SCHOOL	DEGREE/MAJOR	DATE OF GRADUATION

Indicate skills and work experience:

- ☐ Art
- ☐ Auto Mechanics
- ☐ Baking
- ☐ Bookkeeping
- ☐ Carpentry
- ☐ Computer Skills
- ☐ Construction
- ☐ Cooking
- ☐ Electrical
- ☐ Painting
- ☐ Photography
- ☐ Plumbing
- ☐ Sewing
- ☐ Typing
- ☐ Other (specify)

Please attach a recent
Foto of yourself
in this space

How did you learn about Zen?

How did you learn about MBZC?

What other religions have you studied?

Why do you wish to study at MBZC?

Describe your interests and activities of the last three years. Include any contact with and participation in other spiritual and meditative paths and zen centers. Include information about school, jobs, travel, etc. as well as ideas or impressions that you feel are relevant to this application. If you need more space, use another sheet of paper.

Seichu Applicants: (Those wishing to attend the formal, intensive Rinzai Zen training period(s) in Winter or Summer.)
Mt. Baldy Zen Center is a training center for monks and nuns. We urge students to get as much practice as possible before coming to Mt. Baldy.
A *written recommendation* from the head monk or nun of another meditation center is required. It maybe sent under separate cover. Please skip the following references. Unless you are already a student of Joshu Roshi, your first seichu stay needs to cover a *minimum of seven days*. If you are applying to come for a **Dai-sesshin** , it is suggested to come at least *three days in advance*.

Seikan Applicants: (Those wishing to attend the less formal training period(s) in Spring or Fall.)
Please fill in *two personal references*. (No written recommendation is required.)

By signing this application, the applicant agrees and understands that Mt. Baldy Zen Center, hereinafter referred to as "MBZC", shall not be held accountable or responsible for any damages or injuries to any resident student of MBZC or his property, which occur off the leased premises of MBZC, or which occur as the result, directly or indirectly, of the use of vehicles not owned by MBZC, either on or off the leased premises of MBZC; except, when said residents are participating in an MBZC sponsored and supervised field trip or excursion.

Signature of Applicant _____ Date _____

Medical Information

Emergency Contact Person Phone ( )

Address

Your family Physician Phone ( )

Health Insurance Plan

Insurance I.D. No.

Allergies (e.g. Bee stings, Foods, Drugs)

Describe reaction

List all current medications

Do you, or have you ever had any of the following:

- ☐ AIDS/HIV
- ☐ Asthma
- ☐ Back injuries
- ☐ Bleeding disorders
- ☐ Chest pain
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Anemia
- ☐ Heart problems
- ☐ High Blood pressure
- ☐ Joint injuries
- ☐ Psychiatric Illness
- ☐ Severe Headaches
- ☐ Shortness of breath
- ☐ Sickle Cell Disease
- ☐ Tuberculosis

If yes to any of the above, please describe treatment

List all your health concerns

List past hospitalizations

List dates on which you had any of the following diseases or immunizations:

Date	Immunization	Date	Immunization
Tetanus		Hepatitis B/C	
Measles		Chicken pox	
Mumps		Rubella	

Have you ever been treated for or taken medication for any kind of mental illness?

Do you need any special consideration for health reasons (special diet, unable to lift heavy objects, etc.)