



zenwest

4970 Nagle Road, Sooke, BC V9Z 1C7

Residential Monastic Training Application

Please insert additional pages if required. In collecting personal information the Zenwest Buddhist Society complies with its own privacy policy and with applicable legislation. For a copy of the Zenwest privacy policy see <http://zenwest.ca/about-us/29-governance> or contact the Zenwest Privacy Officer c/o office@zenwest.ca.

General

Name: (first, middle, last): _____ Gender: _____

Address: _____ City: _____

Province/state: _____ Country: _____ Postal code: _____

Phone: (____)____-____ Email: _____ Birthdate (dd/mm/yy): __/__/__

Residential Program

Requested duration: ☐ 30 days ☐ 60 days ☐ 90 days Requested start date (dd/mm/yy): __/__/__

A 20% deposit is required. Fees are non-refundable except in case of Zenwest cancellation of the program.

I will pay by: ☐ Cash ☐ Cheque ☐ Credit card (via PayPal from the Zenwest website, www.zenwest.ca)

Health

Emergency contact person: _____ Phone: (____)____-____

Relationship: _____

Zen practice can be physically and mentally challenging. We ask for the following health information to ensure the well being of participants, to assist if difficulties arise, and to identify any accommodations that may be needed.

NOTE: If we have any questions about the potential impact of a Zenwest activity or Zen practice on your health we may ask to discuss with you and your health care practitioner.

Do you have any of the following?

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma or other respiratory condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health issues (e.g., depression, anxiety) |
| <input type="checkbox"/> Blood pressure problems (high or low) | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Clotting or bleeding disorder | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Back pain |
| | <input type="checkbox"/> Hypoglycemia (low blood sugar) | |
| | <input type="checkbox"/> Joint pain | |



zenwest

4970 Nagle Road, Sooke, BC V9Z 1C7

Any other health concerns that might impact your training, including completion of the pre-requisites (pilgrimage, camping), performance of work tasks, sitting meditation, yoga, or participation in a community environment (list):

For any conditions indicated previously, please describe any past and current treatments (e.g., medication, herbs, acupuncture, surgery):

For any conditions indicated previously, are any aggravated by stress? ☐ Yes ☐ No

Do you have any allergies (e.g., food, bee stings, medication, animal fur, pollen)? If so please list substances you are allergic to, and describe what reactions happen (e.g., skin rash, breathing difficulties):

The Zenwest Monastic Residential Training Program includes a commitment to sobriety, i.e., abstaining from any use of alcohol and drugs for the duration of the program. If you are currently taking or have taken in the recent past mood-altering medication (whether prescribed or not), or are at risk of withdrawal from alcohol, nicotine or other substances, please identify below medications/substances you are currently using or have used recently so we can discuss with you and your health practitioner whether it is possible for you to safely abstain from use for the duration of the training program.



zenwest

4970 Nagle Road, Sooke, BC V9Z 1C7

Do you have any special considerations regarding health issues (e.g., special diet), hearing, vision, or mobility that you have not already mentioned? If so please list:

Previous Experience and Training

Please describe your previous experience of Zen training, including information about past or current practice with any specific teachers or communities, and your current practice.

Zen practice is a highly demanding discipline and full-time monastic residential practice, which requires living and working in close community with limited privacy and space, can be stressful. What experience do you have living in a communal setting (i.e., sharing living space with other individuals), and working in a diverse team?

The Zenwest Residential Monastic training program includes work practice (samu). Below are examples of potential areas of work. Please check those with which you have experience, and add details regarding your experience/training.

What is your experience or training in this area?

- | | |
|--|-------|
| <input type="checkbox"/> Carpentry | _____ |
| <input type="checkbox"/> Cooking | _____ |
| <input type="checkbox"/> Gardening/yard work | _____ |
| <input type="checkbox"/> Manual labour | _____ |
| <input type="checkbox"/> Multimedia (video etc.) | _____ |



zenwest

4970 Nagle Road, Sooke, BC V9Z 1C7

-
- ☐ Office work _____
 - ☐ Program development _____
 - ☐ Promotions _____
 - ☐ Sewing _____

If you have additional skills, experience or interest please identify below:

Essay

Attach to this application form an essay titled "Why I want to enter Residential Monastic Training at Zenwest". The essay must be included or this application form will not be considered. In writing your essay, please reflect on such questions as:

- What do you hope to gain or accomplish during your time in this training program?
- What do you hope to contribute while you are here?
- What leads you to apply for residential monastic training at this particular time in your life?

References

Three references are required. Each reference should be able to provide information on your suitability for the Zenwest Residential Monastic Training program. Letters of reference will be accepted as long as the author of the letter is willing to be contacted by Zenwest if any further information is required.

1. Meditation teacher

Name: _____ Title: _____

Organizational affiliation & location: _____

Phone number: (____)____-____ Email: _____

2. Employment/volunteer/education reference

Name: _____ Title: _____

Organizational affiliation & location: _____

Phone number: (____)____-____ Email: _____

3. Personal character reference

Name: _____ Location: _____

Nature of relationship: _____

Phone number: (____)____-____ Email: _____



Notes Regarding Program Acceptance

- Completion of this form is only part of the process to apply for the Zenwest Residential Monastic Training program, and does not, in and of itself, guarantee acceptance into the program. For detailed information regarding the application process please see <http://zenwest.ca/zen-training/102-monastic-training> or contact office@zenwest.ca.
- Zenwest Residential Monastic Training is a full-time program. No personal visitors are allowed during the training program. Leaving the training facility without the Zenwest Abbot's express permission or direction will result in termination of the trainee's participation in the Residential Monastic Training program.
- Trainees may find some aspects of the Zenwest Residential Monastic Training program physically or mentally demanding. The program is intensive Zen training and includes physical work as well as a full daily schedule. Trainees may freely decline to participate in any work which in the trainee's sincere judgment is potentially dangerous to the trainee's health, and are encouraged to discuss any concerns or difficulties arising in training with the Zenwest Abbot.

Disclosure of pre-existing health conditions:

The commitment to engage in full-time residential training requires trust between everyone involved. The trainee is trusting that the teacher and the organization providing the training are providing authentic Zen training, and are not taking advantage of or abusing the student's time, effort, or money. In return the teacher and organization are trusting that the trainee is making a sincere commitment to engage wholeheartedly in Zen training, that the trainee will follow the organization's policies (including policies relating to ethical behaviour) and not be deceptive or otherwise abuse the teacher and organization's time, effort, and material resources.

This application form asks prospective trainees for full disclosure about health concerns that may create difficulties in the context of a rigorous intensive full-time Zen training program, including questions about sensitive topics such as mental health, physical health, and substance use. The purpose of asking these questions is to help everyone involved to together discern whether the training program offered by Zenwest is a good fit for an interested trainee at a given point in time. There have been instances in other Zen organizations of individuals with history of mental or physical illness not disclosing this history for fear of stigma or rejection, entering into intensive training with sincere aspirations and good intentions, but being unable to withstand the rigors of training and then suffering a breakdown, relapse, or worsening of a pre-existing condition. However, there are also individuals with history of mental and physical illness being sufficiently stable to fully participate in intensive training and using their past suffering to be of benefit to others.

Trust requires honesty and full disclosure on all sides. In completing this application please reflect on whether you have made full disclosure of any pre-existing health concerns, including a history of depression, anxiety, schizophrenia, PTSD, substance use/addiction, or physical health condition. Reflect also on the sila "Manifest trust; do not lie. Embody the mind of trust", and the need for trust in a Zen training relationship. If you have any concerns about how information disclosed on this application will be used please review the Privacy Policy and Ethics Policy on the Zenwest website (<http://www.zenwest.ca>), and also feel free to contact Zenwest (you can call anonymously if you wish) to discuss if you have specific questions.

- A trainee may be asked to leave the program at any time if the Abbot determines that a trainee's behaviour is detrimental to the harmony of Zenwest or has concerns about the health of the trainee. If a trainee's participation is terminated early, there will be no refund of fees.



zenwest

4970 Nagle Road, Sooke, BC V9Z 1C7

Acknowledgment, Waiver and Indemnity

I acknowledge that the Zenwest Buddhist Society ("Zenwest") is a religious non-profit organization of limited financial means that is made possible by the goodwill of practitioners and supporters.

I agree that Zenwest shall not be liable for any personal injury or loss or damage to personal property that results from my participation in Zenwest programs or activities. I acknowledge that my participation is at my own risk, and agree to indemnify and hold Zenwest and its directors, employees, volunteers and agents harmless from and against any and all liability, loss, expense (including reasonably attorneys' fees), or claims for injury or damages arising as a result of my participation in the Zenwest Residential Monastic Training Program, and to reimburse Zenwest for any such incurred expenses.

Date: _____

Signature: _____