



Yokoji-Zen  
Mountain  
Center

# Training Application

We are legally obliged to run criminal background checks on all prospective residents. Please enclose a non-refundable \$20.00 fee to cover this cost. Do not send cash. You may pay with a credit card over the phone.

## ***Personal Information***

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Day time phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Visa Status: \_\_\_\_\_

Children ( names and ages): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In case of accident or illness, whom should we notify?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone (alt): \_\_\_\_\_

Relationship: \_\_\_\_\_

## ***Education and Work Experience***

Highest grade and/or degree completed: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Other Skills and interests: \_\_\_\_\_

Work experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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### ***Meditation Experience***

Have you previously practiced meditation? \_\_\_\_\_

What kind (i.e. TM, Zazen, Yoga)? \_\_\_\_\_

Do you still practice? \_\_\_\_\_ Who is/was your teacher? \_\_\_\_\_

Have you practiced Zen at a formally established center? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

### ***Personal References***

Please list two (2) references who can be contacted, preferably meditation teachers or employers.

Please do not list family members or friends, we need to be able to contact people able to make an independent assessment of your suitability for the program.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### ***Health Evaluation***

Are there any health problems or concerns we should know about, mental or physical?

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Do you have any food or other allergies? \_\_\_\_\_  
\_\_\_\_\_

Have you had any history of drug and/or alcohol problems and/or treatments? \_\_\_\_\_  
If so, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Criminal Record***

Do you have a criminal record in this country or any other? \_\_\_\_\_  
If yes, what were the charge and sentence? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***YZMC Training Information***

How did you hear about YZMC? \_\_\_\_\_

What would you like to accomplish during your stay at YZMC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### ***Arrival Information***

PLEASE NOTE: You must receive written or verbal approval from Yokoji-Zen Mountain Center prior to your arrival. YZMC is not accessible by public transportation. Prospective trainees should discuss travel arrangements with YZMC staff well before arriving. The closest pick-up points are Palm Springs and Ontario Air Ports.

Date you wish to arrive at YZMC and travel plans: \_\_\_\_\_

\_\_\_\_\_

Departure date: \_\_\_\_\_

Any additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please read carefully and sign the attached agreement and release forms to complete your application.

### ***Training Agreement***

Please realize that this application in and of itself does not guarantee admission into the Training Program at Yokoji-Zen Mountain Center. All applicants must have a personal interview, either over the phone or in person with a senior monk, and/or Teacher prior to being admitted into the program. The first month in the training program is on a probationary basis. At the end of the first month, based on interviews with the Teacher and training staff, a decision will be made as to the appropriateness of the student's continuation in the training program. A trainee, based on interviews



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with the Teacher and training staff, a trainee may be asked to leave at any time if the Abbot or senior staff determines that a trainee's behavior is detrimental to the harmony of the Center or to the Center's members. If a trainee decides to leave the training program early then no refund of the training fee is possible.

I have read the above Training Program Agreement and agree to follow all the policies and guidelines of Yokoji-Zen Mountain Center.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### ***Release***

Trainees at Yokoji-Zen Mountain Center may find some aspects of the program physically or mentally demanding. The program does include physical work and a 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 staff member from the Center to resolve any difficulties I might have. I agree to defend, indemnify and hold Yokoji-Zen Mountain Center, its officers, employees, agents and volunteers harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising as a result of my attendance of the above event at Yokoji-Zen Mountain Center, 58900 Apple Canyon Road, Mountain Center, CA 92561, and to reimburse Yokoji-Zen Mountain Center for any such incurred expenses.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If you are under 18 years of age, please have a parent or guardian sign below.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Confidential**

**Background Check Consent Form**

Print Name:

\_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_

\_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_

\_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_

\_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Yokoji-Zen Mountain Center** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Yokoji-Zen Mountain Center** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Yokoji-Zen Mountain Center** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_