



Detroit Zen Center
수덕선원

Application for Residency

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Requested Date to Begin Residency: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to live in the U.S.? YES ☐ NO ☐

Have you ever lived in a community? YES ☐ NO ☐

Have you ever been convicted of a felony or violent crime? YES ☐ NO ☐

If yes, explain: _____

Background, Current Living & Work Situation

Please describe your background & interest in living in the Zen Center. What activities are you currently involved in?

Please describe your current living & work situation, & other responsibilities, including to work, family, etc.

References

Please list three professional and/or personal references.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Current Employment

Company: _____ Phone: _____

City, State _____

Work
Schedule: _____

Description: _____

Additional Information

Do you have a meditation practice? Please describe your experience, as well as your experience in zen meditation.

Have you ever lived in community before? Please describe.

Do you have a vehicle?

Please describe your current diet:

How would you rate your current physical health: Good, Fair, Poor

How would you rate your current emotional/mental health: Good, Fair, Poor

Do you suffer from any health conditions (heart, diabetes, etc.), and if so, please describe including any medications taken.

Are you currently under the care of a doctor, therapist, counsellor, psychiatrist? Please describe:

Do you currently suffer from addiction to alcohol and/or drugs? Please describe condition & treatment.

Have you ever suffered from addiction to alcohol and/or drugs? Please describe condition & treatment.

Are you currently going through anything in your life that might impact your ability to follow a schedule and/or live in harmony with other residents?

Please list an emergency contact (phone, email, name, relationship).

Signature

Signature: _____ Date: _____