Dharma Guardian Program

Application Form

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| Name in full: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
| City: |  | | | State/Province: | | |  | | | Zip/Postal Code: | |  |
| Phone(s): | | |  | | | | Email: | | |  | | |
| Date of Birth (m/d/yy): | | |  | | | | Gender: | | | Male | Female | |
| Occupation: | | |  | | | | | | | | | |
| Nationality: | | | USA | | Canada | | Mexico | | Other: | | | |
| Buddhist Affiliation: | | | | | | | | | | | | |
| Zen Buddhist Temple-Ann Arbor | | | | | | | Zen Buddhist Temple-Chicago | | | | | |
| Zen Buddhist Temple-Mexico | | | | | | | Zen Buddhist Temple-New York | | | | | |
| Zen Buddhist Temple-Toronto | | | | | | | Other: | | | | | |
| Last School Attended & Year: | | | | |  | | | | | | | |
| Please describe your Buddhist background, education and experience: | | | | | | | | | | | | |
| Do you currently suffer from any physical illness: If yes, please describe. | | | | | | | | | | | | |
| Are you currently on any medication? | | | | | | Yes | No | | | | | |
| If yes, please describe: | | | | | | | | | | | | |
| Why do you wish to enter the Dharma Guardian Program? | | | | | | | | | | | | |
| Emergency contact: | | | | | | | | Relationship: | | | | |
| Phone(s): | | | | | | | | Email: | | | | |
| Applicant signature: | | | | | | | | Date (m/d/yy): | | | | |

**For Office Use**

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| Membership date: | Precept-Taking date: | Tuition payment date: |
| Term accepted: | September 5 | January 15 |