

Bhavana Society

Rt. 1 Box 218-3, High View, WV 26808
info@bhavanasociety.org

Application for Short and Long-term Residency

(Revised 7/12/05)

This application must be filled in completely for anyone planning to stay longer than seven non-retreat days at the Bhavana Society. Monastics ordained in any tradition must complete the *Supplemental Monastic Residency Application* found on the website.

Please print legibly in ink and send to the address above, marked "Attention: Residency Application", or complete electronically and send via email to info@bhavanasociety.org

Please include a recent photo of yourself. This may be attached to the application you mail in or sent electronically. Processing of your application will not begin without your photo.

Name _____

Street _____

City, State, Zip _____

Phone _____

Email _____

Fax _____

Sex M___ F___ Age _____ Social Security or Identification number _____

Driver's License Number _____ State of Issuance _____

Expiration Date _____

When do you want to start your residency? _____

When do you plan to leave? _____

Please describe your past experience with meditation, including retreats you have attended, type of meditation, length of time you have been meditating.

Have you attended retreats at the Bhavana Society? _____

If yes, when? _____

Why would you like to be a long-term guest or resident at Bhavana Society?

Please list work skills you have that could be useful to the Society (for example, office skills, kitchen experience, gardening, construction, writing/editing etc.)

Do you have any physical conditions that will limit your ability to participate fully in the activities of the society or that will require special diets or other accommodations? ___ Yes ___ No
If yes, please describe the condition and any accommodations that would be required.

If you have any pending legal problems or financial obligations or if you have a history of psychiatric illness, these must be discussed with the Center before you begin any proposed residency. Please describe in some detail how you have spent the past two or three years (work, school, travel, etc.)

Please list three references (not relatives). One should be a recent employment supervisor.

Reference 1

Name _____

Address _____

Phone _____

Relationship _____

How long has this person known you? _____

Reference 2

Name _____

Address _____

Phone _____

Relationship _____

How long has this person known you? _____

Reference 3

Name _____

Address _____

Phone _____

Relationship _____

How long has this person known you? _____

Safety Net

Please list the name of the person who will be your "safety net"—the person who will provide for you if you need to leave Bhavana for any reason. (If it is one of your personal references, just list the name.)

Name _____

Address _____

Phone _____

Relationship _____

You must also complete and submit the Emergency Information Sheet (see below).

I have read and understand the Basic Requirements for Residency and the Terms of Residency. I agree to abide by these terms and conditions, should I be accepted for residency. I understand that failure to do so may result in the termination of my residency.

Name _____ Date _____

Emergency Information Sheet

This sheet must be on file for every short or long-term resident.

Name _____ Date _____

Person to be notified in the case of emergency:

Name _____

Address _____

Telephone(s) _____

Relationship _____

If that person is unavailable, please notify:

Name _____

Address _____

Telephone(s) _____

Relationship _____

Please list your next of kin if that person is not listed above:

Name _____

Address _____

Telephone(s) _____

Relationship _____

Doctor's name _____

Doctor's telephone _____

Are you covered by health insurance? ____ If yes, please fill out below.

Name of insurance company _____

Person who is insured _____

Relationship to you _____

Their I.D. number _____

Group number _____

Medications you are taking. _____

Allergies to food or medication. _____

Any underlying medical conditions that we or a doctor may need to know about?

Psychological History

Have you ever been diagnosed with a psychological condition (prolonged or serious depression, manic depressive illness, panic attacks or schizophrenia, etc.) or other emotional problems that Bhavana should know about? If yes, please describe the diagnosis, treatment and dates.

Are you currently taking any medication(s) for physical or psychological conditions? If so, please list the medication(s) and the condition(s) being treated.

Are you currently seeing a therapist or counselor?

Are there conditions in your life that might be placing you under stress or that might make living at Bhavana difficult? (e.g. divorce, substance abuse or withdrawal, loss of a loved one, etc.) If yes, please give details.

Have you ever been arrested or convicted of a crime? If yes, please describe.

Do you have any additional information that you would like to convey?

I, _____ (name) acknowledge that all the information included in this application is true and complete. I authorize Bhavana Society to contact any of the individuals listed above to support this application and give permission for Bhavana to do a criminal background check, using all information included in this application, with agencies from this state or any state or federal agency, to the extent permitted by state and federal law.

Signature _____ Date _____