

Triple Gem of the North (TGN)

Monks Residence (Mankato MN, Chanhassen MN)

This application must be filled in completely by a person planning to stay longer to practice meditation or to become a monk. A monastic formerly ordained in any tradition must complete the Supplemental Monastic Residency Application found on at the bottom of this application.

Please print or write legibly in ink and send to the address above, or complete electronically and send via email to info@triplegem.org

Please include a recent photo (taken within three months) 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 _____
[last] [middle] [first]

Street _____

City, State, Zip _____

Phone _____
[home] [mobile]

Email _____

Fax _____

Sex M/ F _____ Age _____ (Date of Birth) _____
(Month/date/year)

Driver's License Number _____ State of Issuance _____

Expiration Date _____

Are you a resident of USA? Yes/ No

If not please clarify your visa status. _____

When do you want to start your residency at TGN? _____

When do you plan to leave TGN? _____

Please describe your past experience with meditation, including retreats you have attended, type/s of meditation, length of time you have been meditating, and monastic affiliation/s if any preferably with dates.

Have you attended retreats with TGN before? _____

If yes, when? _____

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

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? Yes /No

Do you require any special diets or other accommodations? Yes/ No

If yes, please describe the conditions and any accommodations and /or specific diets 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 administration of TGN before you begin any proposed residency. Please describe in some detail how you have spent the past three years (work, school, travel, etc.)

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

Reference 1

Name _____

Address _____

Phone _____ Email _____
Relationship _____
How long has this person known you? _____

Reference 2

Name _____
Address _____
Phone _____ Email _____
Relationship _____
How long has this person known you? _____

Reference 3

Name _____
Address _____
Phone _____ Email _____
Relationship _____
How long has this person known you? _____

Person to be notified in the case of emergency:

Name _____
Address _____
Telephone(s) _____ Email _____
Relationship _____

If the above person is unavailable, please notify:

Name _____
Address _____
Telephone(s) _____ Email _____
Relationship _____

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

Name _____
Address _____
Telephone(s) _____ Email _____
Relationship _____

Please give information of your medical practitioner and insurance:

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 TGN 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 TGN 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? Yes/No
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 TGN to contact any of the individuals listed above to support this application and give permission for TGN 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 _____

Supplemental Monastic Residency Application

To be completed and submitted *along with the standard application*
This is not an application for ordination.

1. Current Ordained Name _____
 [Last] [Middle] [First]

2. Any other ordained names you have used _____
 [Last] [Middle] [first]

3. Lay name (as given in the application) _____
 [last] [Middle] [First]

4. Any other lay names you have used prior to ordination _____

5. Tradition you are currently ordained in. _____

6. Year ordained _____ (novice); _____ (Higher Ordained)

7. On a separate sheet, please give a biographical history of your ordained life starting from the most current ordination and work backwards. Give following particulars in it:

- a. Preceptor
- b. Temple, including address and phone number (with email if available).
- c. Date of ordination
- d. How long you stayed there

8. Please list all of your residences for the last five years (wherever you stayed longer than a month) using a separate sheet if necessary. Please give dates, addresses and telephone numbers with email.

(Please submit this sheet along with the standard application).

(For use by the TGN only):

Date received: _____

Remarks on the
applicant _____

Approval: _____

Responded: _____

Retreat/ Ordination due _____

Remarks: _____

