

**Krishna House (ISKCON Gainesville)  
Bhakti Academy Resident Application Form**

Thank you for applying to the Bhakti Academy at Krishna House. We welcome you to our community. For the sake of maintaining a safe environment, please complete this form. Please attach further documentation as necessary. Options for sending your application: Select one option from List A **and** one option from List B.

- List A  
1. Fill out application on the computer.  
2. Print and fill out application by hand.

- AND** List B  
1. Email it to [khouse.app@gmail.com](mailto:khouse.app@gmail.com).  
2. Hand it directly to a Krishna House staff member.  
3. Mail it to 214 NW 14th St. Gainesville, FL 32603.

**Identification:** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**Legal:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Spiritual Name \_\_\_\_\_ Initiated - Where / When \_\_\_\_\_ Spiritual Master \_\_\_\_\_

Are you a U.S. Citizen? YES / NO \_\_\_\_\_ If not, what is your U.S. residency status? \_\_\_\_\_

And what is your country of citizenship? \_\_\_\_\_

**Marriage and Family:**

**Emergency Contact:** Name (include legal) \_\_\_\_\_

\_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Marital Status: (circle one) Single – Married - Separated – Divorced - Cohabiting

Spouse: Legal Name \_\_\_\_\_ Devotional Name \_\_\_\_\_

Do you have children? YES / NO \_\_\_\_\_  
If yes, names and ages (*write separately if needed*)

**Health:**

We want to know if you have any conditions which we may need to respond to for your safety, or which may risk others.

Do you have any major or chronic health problems? (Asthma, Diabetes, Heart Condition, Depression, Cancer, HIV, etc.)

YES / NO

Have you ever been diagnosed with or treated for any mental illness, or do you think you may have any mental illness?

YES / NO

If your answer is 'yes' to either question, please explain (*write separately if needed*): \_\_\_\_\_

Do you take any medications? \_\_\_\_\_

If you do, do you agree to continue taking your medications while residing at Krishna House, unless otherwise advised by a doctor? \_\_\_\_\_

**Present Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

**Previous addresses** for the last 7 years, including time spent there (*write separately if needed*):

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date From- To \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date From- To \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date From- To \_\_\_\_\_

**Personal References:**

What is the highest level of education that you have completed? \_\_\_\_\_

Please write in your educational experience in the blanks below (*write separately if needed*):

1. \_\_\_\_\_  
School/Institution \_\_\_\_\_ Degree Earned \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates of study \_\_\_\_\_

2. \_\_\_\_\_  
School/Institution \_\_\_\_\_ Degree Earned \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates of study \_\_\_\_\_

3. \_\_\_\_\_  
School/Institution \_\_\_\_\_ Degree Earned \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates of study \_\_\_\_\_

Do you have any professional licenses or certifications? \_\_\_\_\_

Please write all of your work experience for the last 7 years in the blanks below (*Write separately if needed*):

1. \_\_\_\_\_  
Employer Supervisor Position you held

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Address City State Zip

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Phone Dates Employed

2. \_\_\_\_\_  
Employer Supervisor Position you held

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Address City State Zip

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Phone Dates Employed

3. \_\_\_\_\_  
Employer Supervisor Position you held

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Address City State Zip

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Phone Dates Employed

**Criminal Background:**

*If you answer "Yes" to any of the following questions, explain your answer on a separate paper. Or, if you prefer, you may decline to answer all or any one of these questions, or you may discuss your answers confidentially with the temple president rather than answering on this form. Answering 'yes', or leaving any question unanswered will not necessarily disqualify you.*

|   |   |
|---|---|
| <p>Have you ever been convicted for a felony?<br/> YES / NO</p> <p>Have you been convicted for a misdemeanor?<br/> YES / NO</p> <p>Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial?<br/> YES / NO</p> | <p>Has your Drivers Licenses been suspended or revoked in the last 10 years?<br/> YES / NO</p> <p>Have you ever been charged with domestic violence?<br/> YES / NO</p> <p>Have you ever abused a child?<br/> YES / NO</p> |
|---|---|

**ISKCON commitment and experience:**

During what time do you plan to stay at Krishna House?

Fall semester \_\_\_\_ Spring semester \_\_\_\_ Fall and Spring semester \_\_\_\_ other \_\_\_\_\_

Will you pay tuition as a part-time resident, or take part in the Krishna House work/study option as a full-time resident?

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

We expect you to attend the morning program from at least 6-8:30am Monday – Friday, unless you are sick or have an important appointment with school, etc. Do you agree? YES / NO

And if not, explain when you will be able to attend, and why you cannot regularly attend: \_\_\_\_\_

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

We require you to follow the 4 regulative principles (no meat-eating, intoxication, extra-marital sex, or gambling) while residing at Krishna House. Do you agree? YES / NO

Are you affiliated with any Vaishnava communities besides ISKCON, and if so, which? \_\_\_\_\_

Have you ever lived in or served at any ISKCON Center in the past? YES / NO

And if yes, list 3 ISKCON references and provide their contact information:

1. \_\_\_\_\_  
ISKCON Center Your Service(s)

\_\_\_\_\_ Position \_\_\_\_\_ Phone / E-mail  
Contact Person - Name

2. \_\_\_\_\_  
ISKCON Center Your Service(s)

\_\_\_\_\_ Position \_\_\_\_\_ Phone / E-mail  
Contact Person - Name

3. \_\_\_\_\_  
ISKCON Center Your Service(s)

\_\_\_\_\_ Position \_\_\_\_\_ Phone / E-mail  
Contact Person - Name

**Essay Questions:**

Please write at least a paragraph [attach additional page(s) if needed] for each of the following 3 questions:

1. What makes you a good candidate for the Krishna House?

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2. What attracts you about the Krishna House?

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3. What are your goals if you live at Krishna House?

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### DISCLOSURE

As part of the volunteer/employment process, Krishna House (ISKCON Gainesville) will obtain a consumer report, which I understand may include information regarding my character, general reputation, personal characteristics, and mode of living.

### AUTHORIZATION

During the application process and at any time during the tenure of my volunteering/ employment with the Company, I hereby authorize the Company to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

The information contained in this application is true and correct. I authorize any references or temples listed here to give any information (including opinions) that they may have regarding my character. In consideration of the evaluation of this application by Krishna House (ISKCON of Gainesville). I hereby release any individual, temple, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature.

I understand that my acceptance in any position applied for will be pending completion of the screening process satisfactory to the Company. Should my application be accepted, I agree to be bound by the Policies and Bylaws of the International Society for Krishna Consciousness. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGALLY BINDING AGREEMENT WHICH I HAVE READ AND UNDERSTOOD.

\_\_\_\_\_ Name Printed \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ OR Green card # \_\_\_\_\_  
Social Security Number (see below\*)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_  
Month / Day / Year

**\*The Social Security number is for one time use for identification purposes. Transmitting Social Security number over the internet is dangerous. For your protection, transmit your Social Security number either by mailing this application, by phone, or in person.**

----- Office Use Only -----

- CPO Clearance Result Received: Date \_\_\_\_\_ Note: \_\_\_\_\_
- Criminal Background Check Result Received: Date \_\_\_\_\_ Note: \_\_\_\_\_
- References Called: Notes: \_\_\_\_\_

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