THE JOURNEY CENTER ASSOCIATION

2777 Yulupa Avenue #144, Santa Rosa, CA 95405
(707)200-8565
www.journeycenter.org ; joanna@journeycenter.org

Application for the 2019-2021 Formation Group:
Spiritual Director Formation Program

Date:_____

Name:_____

Address:_____
Street/Apt. # City/State/Zip

Phone numbers: (home)_____ (other)_____

E-mail address: _____

Date of Birth: _____ Current occupation: _____

Current Faith Community affiliation: _____

Marital status: _____

Years of school completed: _____ Degree(s): _____

Please respond to the following questions as fully as possible; your answers will help us to get to know you in terms of background, giftedness and calling.

1. Tell us what has drawn you to explore the possibility of formation in spiritual direction at this season of your life:

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2. How did you hear about this program and what draws you to this particular program?

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3. Briefly describe your participation in spiritual direction/companionship (speaking with another person regularly about your life and relationship with God) :

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4. What is your experience of people coming to you to talk about their life and relationship with God?

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5. How would you explain to someone what spiritual direction is? What is your understanding of the qualities and gifts that equip someone to serve as a spiritual director?

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6. Briefly tell us about your spiritual journey (continues on next page):

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7. Describe your current relationship with God and the spiritual practices that sustain you:

8. Describe for us your sense of how God has gifted you, prepared you and perhaps called you to serve as a spiritual director.

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9. What do you think might be your greatest challenge/difficulty as a spiritual director?

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10. Are there any other personal commitments/obligations that could potentially conflict with your participation in this program? Please explain.

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11. Is there anything else that you would like us know about you?

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PERSONAL REFERENCES: List here the names and contact information of two people who know you well and can participate in this way in your discernment process. Give a reference form, which follows, to each person and ask them to return it to the Journey Center Association.

Reference #1:

Name:_____

Address:_____
Street/Apt. # City/State/Zip

Phone numbers: (home)_____ other_____

E-mail address: _____

Reference #2:

Name:_____

Address:_____
Street/Apt. # City/State/Zip

Phone numbers: (home)_____ other_____

E-mail address: _____

COMPLETING THE APPLICATION PROCESS:

Please return this application, along with a non-refundable deposit of **$50** to:

Joanna Quintrell, Executive Director
The Journey Center Association
2777 Yulupa Avenue #144
Santa Rosa, CA 95405

Checks should be made out to: The Journey Center Association (JCA). All application materials, including the reference letters, must be received at the Journey Center no later than March 31, 2019. Thank you for considering our Spiritual Director Formation Program, and know that we are praying for you!

LETTER OF REFERENCE #1

The Journey Center Association in Santa Rosa, CA is offering a two-year program in spiritual direction and contemplative retreat leadership, beginning in September 2019.

_____ is applying for this program and has given your name as a person who knows them well and can speak to their character, giftedness and potential. Thank you for taking time to complete this form, and feel free to use additional space as needed.

The deadline for receiving this applicant's materials, including this letter of reference, is March 31, 2019.

1. How long have you known the applicant, and in what capacity? _____

   _____

   _____

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2. Please rate the applicant on the following characteristics:

	1= This is a growth area	**2= Below average**	**3= Average**	**4= This is a strength**	**5= Very strong**
Able to listen with empathy					
Respected in their faith community					
Mature in faith and life					
Optimistic, hopeful					
Lives with integrity					
Warm, loving toward people					
Self-confident					
Trustworthy					

3. Describe how this applicant interacts in relationships (community/family/co-worker):

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4. Tell us what you know of the applicant's relationship with God and current spiritual journey:

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5. Is there anything else you would like us to know about the applicant? _____

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Please give us your name and contact information, and sign and date below...

Name: _____

Address: _____City _____Zip_____

Phone: _____ Email _____

Signed: _____ Date: _____

Thank you for sharing your thoughts about and experience of this applicant! **Please return the completed reference form to the address below by March 31, 2019** and don't hesitate to call if you have any questions or would prefer an in-person conversation (707-200-8565):

Joanna Quintrell, Executive Director
The Journey Center Association
2777 Yulupa Avenue #144, Santa Rosa, CA 95405
joanna@journeycenter.org

LETTER OF REFERENCE #2

The Journey Center Association in Santa Rosa, CA is offering a two-year program in spiritual direction and contemplative retreat leadership, beginning in September 2019.

_____ is applying for this program and has given your name as a person who knows them well and can speak to their character, giftedness and potential. Thank you for taking time to complete this form, and feel free to use additional space as needed.

The deadline for receiving this applicant's materials, including this letter of reference, is March 31, 2019.

1. How long have you known the applicant, and in what capacity? _____

   _____

   _____

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2. Please rate the applicant on the following characteristics:

	1= This is a growth area	**2= Below average**	**3= Average**	**4= This is a strength**	**5= Very strong**
Able to listen with empathy					
Respected in their faith community					
Mature in faith and life					
Optimistic, hopeful					
Lives with integrity					
Warm, loving toward people					
Self-confident					
Trustworthy					

3. Describe how this applicant interacts in relationships (community/family/co-worker):

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4. Tell us what you know of the applicant's relationship with God and current spiritual journey:

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5. Is there anything else you would like us to know about the applicant? _____

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Please give us your name and contact information, and sign and date below...

Name: _____

Address: _____City _____Zip_____

Phone: _____ Email _____

Signed: _____ Date: _____

Thank you for sharing your thoughts about and experience of this applicant! **Please return the completed reference form to the address below by March 31, 2019** and don't hesitate to call if you have any questions or would prefer an in-person conversation (707-200-8565):

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