



JOURNEY CENTER OF CHICAGO

Come as You Are, Encounter the Holy, Be Renewed.

3950 W Bryn Mawr Ave #506, Chicago, IL 60659

(773) 817-9890

www.journeycenterofchicago.org info@journeycenterofchicago.org

Application for the 2020-2022 Spiritual Direction Training Program

Name: _____ Date: _____

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

Country: _____ Postal Code: _____

Phone numbers: (mobile) _____ (other) _____

Date of Birth: _____ Gender Identity: _____

Pronouns: (She/Her/Her, He/Him/His, They/Them/Theirs, etc.,) _____

E-mail address: _____

Faith Affiliation: _____ Current Occupation: _____

Emergency Contact Person: _____

Phone Number: _____ Relationship to you _____

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

Have you/are you currently meeting with a spiritual director? _____

If so, how long have you met together? _____ What has your experience been like?

Please respond to the following questions as fully as possible so that we may have a sense of you, your giftedness and calling.

1. What has drawn you to explore becoming a spiritual director at this season of your life?

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

3. Briefly describe in what ways you have accompanied others on their spiritual journeys?

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

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

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

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

Signature: _____

Date: _____

PERSONAL REFERENCES: Please provide the names and contact information of three people who know you well. This person might be a colleague, a pastor, a spiritual director or anyone, except a family member, who knows you well. Please ask them to submit their recommendations **online** to Rev. Eva Sullivan-Knoff at evask@journeycenterofchicago.org

Name: _____

Address: _____

Street/Apt. #

City/State/Zip

Phone numbers: (mobile) _____ other _____

E-mail address: _____

Name: _____

Address: _____

Street/Apt. #

City/State/Zip

Phone numbers: (mobile) _____ other _____

E-mail address: _____

Name: _____

Address: _____

Street/Apt. #

City/State/Zip

Phone numbers: (mobile) _____ other _____

E-mail address: _____

COMPLETING THE APPLICATION PROCESS:

Please submit this application online along with a non-refundable deposit of \$100 to:

Rev. Eva Sullivan-Knoff, Executive Director
Journey Center of Chicago
3950 W Bryn Mawr #506
Chicago, IL 60659

Payments should be made to: Journey Center of Chicago. All application materials, including the reference letters, must be submitted online no later than June 1, 2020.

Thank you for considering our Spiritual Director Training Program.