



JOURNEY CENTER OF CHICAGO

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

www.journeycenterofchicago.org SDtraining@journeycenterofchicago.org

Application for 2026-2028

Spiritual Direction Training Program

All application materials, including the reference letters, must be submitted no later than January 1, 2026. Please submit this application along with a non-refundable deposit of \$100 by mail or online.

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.

4. What is your experience of people seeking you out to talk about their lives and journey with God? How have others affirmed your gifts in listening?

5. Describe your understanding of spiritual direction? What qualities and gifts does a spiritual director need?

6. Briefly describe your spiritual journey:

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

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 to 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 **by email** to our Program Coordinator, Rev. Eva Sullivan-Knoff at SDtraining@journeycenterofchicago.org by January 1, 2026

Reference 1:

Name: _____

Address: _____

Street/Apt. #

City/State/Zip

Phone numbers: (mobile) _____ other _____

E-mail address: _____

Reference 2:

Name: _____

Address: _____

Street/Apt. #

City/State/Zip

Phone numbers: (mobile) _____ other _____

E-mail address: _____

Reference 3:

Name: _____

Address: _____

Street/Apt. #

City/State/Zip

Phone numbers: (mobile) _____

Other: _____

E-mail address: _____

All application materials, including the reference letters, must be submitted no later than January 1, 2026. Please submit materials online to SDtraining@journeycenterofchicago.org

Please send a non-refundable deposit of \$100.

Checks can be made out to and sent to:
Journey Center of Chicago
3950 W Bryn Mawr Ave. #209
Chicago, IL 60659

Address application and references to:
Rev. Eva Sullivan-Knoff,
Spiritual Direction Training Program Coordinator
Journey Center of Chicago

To pay Online:

givebutter.com/spiritualdirectionprogram

Email application to:

SDtraining@journeycenterofchicago.org

Thank you for considering our Spiritual Director Training Program.