



Spiritual Direction Formation Program Application

Name _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Spiritual Director (if you have one, please share the name) _____
(If you do not have one, please let us know if you desire a suggestion or referral).

Please answer the following as completely as possible, using a separate sheet of paper.

Briefly state what attracted you to this program.

What life/vocational/spiritual experiences lie behind this prompting?

What is your understanding of spiritual guidance?

What do you feel are your gifts for the ministry of spiritual direction?

What challenges or concerns do you recognize in yourself as you begin to discern this ministry?

Describe how you encounter the God of mercy.

What is your experience in direct ministry with persons who are impoverished/marginalized? Are you willing to make a commitment to explore a relationship like this in some way during your formation process?

Please return with \$50 non-refundable application fee to:

Cathy Maguire, RSM
Cranaleith Spiritual Center
13475 Proctor Road
Philadelphia, PA, 19116
or cmaguire@cranaleith.org

Please indicate 2 persons who have a sense of your spiritual journey and would recommend you for this program.

Name _____ Relationship _____

Address _____

Email _____

Name _____ Relationship _____

Address _____

Email _____