**The West Virginia Institute for Spirituality 1601 Virginia Street East**

**Charleston, WV 25311**

**304-345-0926 (main) 304-345-8206 (fax)**

Email: exec.director@wvis.org

**SPIRITUAL DIRECTION CERTIFICATION TRAINING PROGRAM**

**APPLICATION FORM**

**Name: Date:**

**Mailing Address:**

**City: State: Zip:**

**Email Address:**

**Cell Phone:**

Provide Educational Background:

With whom have you discerned your readiness for training as a spiritual director?

Spiritual Direction Experience:

Please share your experience with spiritual direction. Please note that none of these are required to submit your application. They do help us guide you on your path forward.

* Are you presently receiving individual spiritual direction? If yes, how long have you been in individual spiritual direction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever made a 30 day retreat? If yes, when
* Have you completed the 19th Annotation Retreat? If yes, was this individually or in a group? Also, if yes, please provide dates. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us about you:

Using as much space as needed, please write about yourself including your life journey – what has led you to this decision. Describe your retreat experience. What gifts do you bring to the spiritual direction ministry?

This completed form is to be returned to the attention of: Sr. Cheryl Clemons, O.S.U., PhD. at exec.director@wvis.org NOTE: This form and your interview must be completed by August 1.