# The West Virginia Institute For Spirituality

# 1601 Virginia Street, East Charleston, WV 25311

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# WVIS RETREAT APPLICATION FORM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please provide full street address including state and zip code)

Cell Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. With whom have you discerned your readiness for making a 5- or 8-day retreat experiences?

(Please provide name and contact information)

1. Have you ever made a Silent Directed Retreat? \_\_\_\_\_\_\_Yes No

If yes:

* 1. Number and Length
  2. Places and years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How did you hear about WVIS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever received individual Spiritual Direction? Yes No

If yes, please state length of time

1. Are you currently engaged in individual Spiritual Direction? Yes No
2. What is your experience reading scripture? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What draws you to make a retreat at this time?

Please mail to:

Retreat Application

West Virginia Institute for Spirituality

1601 Virginia Street East

Charleston, West Virginia 25311

Or scan and email to [exec.director@wvis.org](mailto:exec.director@wvis.org)