



"Harnessing for God the Energies of Love"

Spiritual Direction Institute at The Well APPLICATION

Name _____ Phone (H) _____ (W) _____ (cell) _____

Address _____ City _____ State _____ Zip _____

e-mail _____

Married Single Divorced _____ Age _____ Ages of Children _____

Education: Schools Attended _____

Church you are presently attending _____

Pastor/Pastoral Coordinator/Minister's Name _____

Church Ministries in which you have been active _____

What experience have you had in receiving spiritual direction? _____

Do you presently have a spiritual director? _____

Who? _____

What experience have you had in counseling others? _____

What experience have you had in giving spiritual direction?

What are your reasons for wanting to take this spiritual direction class?

