



SPIRITUAL LIFE
CENTER

Formation in Supervision Application Form

Name _____

Phone _____

Address _____

Cell _____

E-mail _____

Enrichment/Formation/Training Program in Spiritual Direction:

_____ Year Completed _____

Present Practice of Spiritual Direction: *check as many as apply*

_____ Individual Spiritual Direction

_____ Group Spiritual Direction

_____ Integrated with Pastoral Ministry

_____ Integrated with Health Care

_____ Integrated with Education

_____ Integrated with Justice/Ecology

Presently receiving Supervision: *check as many as apply*

_____ Individual Supervision

_____ Peer Group Supervision

_____ Regular basis

_____ Regular basis

_____ Occasional basis

_____ Occasional basis

Present Work/Ministry/Volunteer:

_____ Position

_____ Location

Please download and return with a \$25 non-refundable application fee to:
Formation in Supervision, Spiritual Life Center, 303 Tunxis Rd., West Hartford, CT 06107
or email to info@spiritlifectr.org