



Dear Potential Applicant for the Spiritual Direction Institute,

We are happy to respond to your request for information about the Spiritual Direction Institute, a formation and training program to prepare persons to be spiritual directors.

Application materials are enclosed with this letter, as follows:

- An application form for yourself
- A form to be filled out by your sponsoring faith community.
- Please print three (3) forms for evaluating you in terms of this ministry and recommending you for it. These forms may be given to persons who know you from ministry, from work situations, friendship, etc., preferably neither your spouse nor the person completing the sponsor's recommendation form.

All forms are due to the Emmaus Spirituality Center as soon as possible. One of the SDI staff members will begin reviewing applications as each arrives. Once your application is completed, you will be called for an interview.

The Fall 2021 group will meet weekly on Friday mornings beginning in September from 9AM to Noon. You will continue to meet at this time for all three years.

Since our space is limited (we take a maximum of 20 in each group), we may not be able to accept all who are qualified at this time. If you are presently studying in another program, we suggest that you complete it before you apply. We are looking for a call to the ministry of spiritual direction, updated theology / Scripture within your tradition, and some familiarity with psychology. A bachelor's degree is preferred.

It is particularly helpful for Roman Catholics to have completed the FTCM curriculum offered by the CCE Office in this diocese or its equivalent. For those in other traditions, you are asked to have the equivalent within your own denomination.

Most applicants to SDI have been receiving spiritual direction for some time. If you are not currently in a spiritual direction relationship and need help identifying a director, we can help you with that.

Please do not hesitate to contact us if you have any questions about the program or the admission requirements and/or alternatives you may possess. We are most happy to talk with you about the program or any of the application procedures.

Be sure of our prayers as you discern your call to this ministry.

Sincerely,

Kathleen Messina

Director, Spiritual Direction Institute
Emmaus Spirituality Center
kmessina@emmausspiritualitycenter.com

SPIRITUAL DIRECTION INSTITUTE APPLICATION

EMMAUS SPIRITUALITY CENTER

[PLEASE PRINT CLEARLY]

Name: _____ Date: _____

Home Address: _____ Phone: _____

Email Address: _____

Profession/Occupation: _____

Business Address: _____ Phone: _____

Parish: _____ Deanery: _____

Sex: (M) _____ (F) _____ Date of Birth: _____

Place of Birth: _____

Single _____ Divorced _____ Religious _____

Married _____ Widowed _____ Clergy _____

Religious Affiliation: _____

Date of Baptism: _____ Church: _____

Number of Children or other dependents: _____ (List name and age)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Education: Circle highest year completed: 9 10 11 12

College/University

Degree

_____	_____
_____	_____
_____	_____

Business or Vocational Training

Diploma

_____	_____
_____	_____
_____	_____

R. C. Diocesan Educational / Formation Program:

____ Catechist Formation Program

____ FTCM Basic Formation Toward Christian Ministry

____ Ministry to Adult Learners

____ Other, please specify: _____

____ DRE Formation Institute

Employment History: (begin with present or latest position)

Employer:

Address:

Position:

Length of Employment:

Employer:

Address:

Position:

Length of Employment:

Employer:

Address:

Position:

Length of Employment:

Employer:

Address:

Position:

Length of Employment:

Please list civic organizations you are involved in:

Please list church related organizations, activities in which you are presently involved:

Briefly describe your prayer journey:

Do you have a spiritual director? How often do you see your director?

What has your experience been of spiritual direction?

Are you presently serving as a spiritual director? (if "yes", where do you serve?)

How many people do you see? _____ Frequency? _____ Length of relationship? _____

Please list the kinds and length of retreats you have made in the past five years:

What languages do you speak fluently?

What are some of your leisure activities?

Personal Sketch

Briefly summarize your strengths, skills, competencies, you believe you have and would bring to Spiritual Direction. (Use back of sheet or separate page.)

Why do you want to be a Spiritual Director / Companion?

****References:**

Personal	Address	Phone
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Personal	Address	Phone
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Personal	Address	Phone
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Signature of Applicant

**** Please give the enclosed reference forms to those persons you have listed above. Each person filling out a reference form should return it as soon as possible to the Admissions Committee:**

Emmaus Spirituality Center | 12645 Memorial Drive, Suite F1-720 | Houston, TX. 77024-4979

****Please enclose a \$20.00 non-refundable application fee.**



SPIRITUAL DIRECTION INSTITUTE SPONSOR RECOMMENDATION FORM

Applicant Name: _____

Date: _____

[This form is to be filled out by the pastor or another person from the pastoral staff who will be working directly with the applicant during the candidate's formation in spiritual direction.]

The sponsoring institution commits to offering assistance and guidance to the applicant during his/her formation, including providing a setting and support for ministry during the third-year practicum internship. (Internship supervision is provided at the Emmaus Spirituality Center.)

Since the applicant will be ministering to the parish/faith community, it is recommended that the sponsoring community contribute at least one-half of the annual tuition cost (or \$400.00 per year).

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1. Describe the needs of your faith community in the area of Spiritual Direction / Companionship.
 2. What experience does the applicant have in serving these needs of the faith community?
 3. Mention personal strengths of the applicant which lead you to believe the applicant is or would be an effective Spiritual Director / Companion.
 4. Suggest the areas of ministerial competency and personal qualities of the applicant you would like to see developed further. Suggest specific areas for improvement.

5. Describe any reservations you have about this candidate's ability to be an effective Spiritual Director / Companion in your faith community.

6. How do you plan to be a sponsor for this applicant?

7. What kind of setting might you prepare for the applicant to do their internship?

I commit myself to sponsor this applicant.

Date

Pastor's Signature

Date

Pastoral Staff Member's Signature



Please return this form as soon as possible to:

Spiritual Direction Institute
12645 Memorial Drive, Suite F1-720
Houston, TX 77024-4979



EMMAUS
spirituality center

Evaluation Form

Evaluation of: _____

Date: _____

By: _____

Position: _____

Phone: _____

How long have you known the applicant? _____

In what capacity?

How would you describe the applicant as a "person of faith?"

Describe the applicant's relationship to the following:

Authority (Church and Secular):

Family:

Friends / co-workers / others:

Please describe what you perceive to be the applicant's self-esteem:

Mention personal strengths of the applicant which prompt you to believe that he/she would be an effective spiritual director/companion.

Do you think the applicant has the ability to commit herself / himself to long-term relationships?
Please describe why.

How do you experience / observe this applicant living out his / her faith and prayer in daily living?

Please describe the applicant's emotional balance under stress.

Do you have any reservations about the applicant's ability to be an effective spiritual director / companion? Please describe.

Do you recommend this applicant to be admitted to Spiritual Director formation? Why / Why not?

Please use the space below and the reverse side of this form to add any other pertinent comments that would be helpful in evaluating the applicant. All information on this form will be kept in confidence by the Admissions Committee.

Evaluator's Signature: _____

Please return this form and direct any clarifying questions to: **Spiritual Direction Institute**

12645 Memorial Drive, Suite F1-720

Houston, TX 77024-4979