



January 10, 2016

Dear Participant,

Greetings and God's peace to you! Enclosed are the application materials for the Institute for Spiritual Direction (ISD). There are seven elements in the application/admission process. All seven are listed below so you will be aware of them.

1. The ISD program is open to those who are and have been **practicing Catholics** for at least three years.
2. Admission to the ISD program requires the applicant to be currently **participating in Spiritual Direction**, as a directee and have been so participating for at least two years.
3. The **Application Form** is to be completed and mailed to me. Please write or print legibly. Only the formation team in the Institute will have access to this information for purposes of processing the application. A copy of the application should be retained by the applicant.
4. The **Recommendation Form** (at end of this application) is to be sent to the four references the applicant has listed on the last page of the Application form. Once the Recommendation is completed, the form should be mailed to me. The applicant may request a copy also be sent to him/her.
5. Ministry in the Diocese of Austin requires compliance with the Ethics and Integrity in Ministry (EIM) statutes for Spiritual Directors. To be compliant, one must complete an online application which initiates a **Background Check**. The applicant must also attend an Ethics and Integrity in Ministry Workshop. A sheet is enclosed with directions for completing the background check. Applicants may register for a workshop through the diocesan website [www.austindiocese.org](http://www.austindiocese.org). If the applicant has not completed these, they should do so at their earliest convenience and then inform me upon completion so that there will be a record of that in the diocesan offices.
6. After the above are completed, an interview with members of the ISD formation team will be arranged so that we can more of the applicant's spiritual journey and call to the ministry of Spiritual Direction. This will be done in person.
7. Admission to the ISD program is confirmed by the Approval of the formation team and will then be communicated to the applicant.

This is a 2 year program. Sessions will be held 6 times per year and the cost is \$1900 per per year. This cost includes room, board, and use of the facilities at Cedarbrake Retreat Center. Each candidate is responsible for providing the required books. Our first session will be the weekend of September 16-18, 2016.

Applicant is asked to return the completed Application Form and begin to address the other elements of the application/admission process in a timely manner so that the formation team will have ample time to study the application materials. There are limited available spaces for the 2016-2019 program.

The Institute for Spiritual Direction program is, essentially, a discernment. It involves the discovery and confirmation of a gift and a call from God to serve and accompany others as a Spiritual Director. That discernment will involve the Spiritual Director and the formation team. This has important implications. Application to the program does not mean automatic admission. Admission to the program does not guarantee completion. Application and admission to the program are the beginning of a journey, marked by a willingness to discover God's will in this regard and a desire to respond. That discernment remains the priority throughout the program.

Thank you for your application to the program.

Blessing to you in life and ministry.

**Beverly Collin**

Beverly Collin

## **Background Check for the Diocese of Austin**

### ***Directions for completing application for criminal background check***

This background check must be processed through the Diocese of Austin. Even if you applied for a background check with another agency, it is not transferable from one agency to another because of privacy issues.

To apply electronically:

Go to the diocesan website: [www.austindiocese.org](http://www.austindiocese.org)

On the left menu ba eAPPSDB

Register and follow subsequent instructions

(You may select any user name and password that you wish. You may want to retain a copy of your application.)

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## **Ethics and Integrity in Ministry (EIM) Workshop**

Dates and locations for the EIM workshops are listed on the diocesan website.

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***If you have already completed the background check and EIM workshop, please let me know the date of completion by attaching a note to your application form.***

**INSTITUTE FOR SPIRITUAL DIRECTION**

Attn: Beverly Collin  
Cedarbrake Retreat Center (ISD)  
PO Box 58  
Belton TX 76513-0058

**APPLICATION FORM**

*Please print or write legibly*

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

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Bus. Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Birth \_\_\_\_\_

Sex Male / Female (Circle One)

Are you in good standing with the Catholic Church? \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Church of Baptism \_\_\_\_\_

City \_\_\_\_\_

**Number Children or other dependents**

(List Name & Age)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College/University	Degree	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business/Vocational Training	Diploma	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Diocesan Educational/Formation Program/Year Completed

Adult Formation Program _____	Catechetical Leadership Program _____
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Basic Formation For Christian Ministry _____	Spiritual Formation Program _____
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Diaconate Formation Program/Wife _____	Other Outside Diocese _____
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### EMPLOYMENT HISTORY (Begin with present or latest position)

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Position \_\_\_\_\_ Length of Emp. \_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Position \_\_\_\_\_ Length of Emp. \_\_\_\_\_

**Employment History (Continued)**

**Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State** \_\_\_\_\_

**Position** \_\_\_\_\_ **Length of Emp.** \_\_\_\_\_

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**Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State** \_\_\_\_\_

**Position** \_\_\_\_\_ **Length of Emp.** \_\_\_\_\_

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**Please list all civic organizations in which you are presently involved.**

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\_\_\_\_\_

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**Please list church related organizations and/or ministries in which you are presently involved.**

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\_\_\_\_\_

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**List the books on Spirituality that you have read in the past five years.**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**List several books on spirituality that have influenced your spiritual development.**

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\_\_\_\_\_

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**Please list the kinds and lengths of retreats you have made in the past five years.**

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**What languages do you speak fluently?**

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**What are some of your leisure activities?**

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**What strengths, skills and competencies do you have that will be useful in the ministry of spiritual direction?** *(Use back of sheet or separate pages if necessary.)*

**Why do you want to be a Spiritual Director?**



**Do you have a Spiritual Director? How often do you see your Spiritual Director?**

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**What is your image and understanding of Spiritual Direction as a Spiritual Director?**

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**What is your image and understanding of Spiritual Direction as a directee?**

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**Are you presently serving as a Spiritual Director?** \_\_\_\_\_

**If yes, how many people do you see?** \_\_\_\_\_

**Frequency?** \_\_\_\_\_

**Length of Relationship?** \_\_\_\_\_

**Develop a spiritual autobiography. Include ways in which you perceive God calling you into this ministry.**

**\* Please list four references**

<u>Name</u>	<u>Address</u>	<u>Phone</u>

\* Please make copies of the enclosed reference form to those persons you have listed above. Each person completing a reference form should return it as soon as possible to the Institute for Spiritual Direction. The form is located at the bottom of this application.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\*\*\* Please enclose a \$50 non-refundable application fee with this form. Make payable to Institute for Spiritual Direction and mail to:

**Beverly Collin  
Cedarbrake Retreat Center (ISD)  
PO Box 58  
Belton TX 76513-0058**

The information gathered in this application is designed to help us provide the highest quality Catholic program for Spiritual Direction for the people of our diocese. The application process will include a psychological assessment.

I understand that any information contained in this application will be held confidential, including any psychological assessment results, and is available only to the formation team of the Institute for Spiritual Direction.

Further, I hereby authorize the Institute for Spiritual Direction for the Diocese of Austin to conduct a person and professional background check for the purpose of my application to the Institute for Spiritual Direction. The formators may contact any references, past and current employers, church organizations, agencies where volunteer services have been completed and any individual or organizations which might be relevant to this application.

I hereby release all of the above-stated persons from any and all liability or damages that might occur during the Committee's contact with these individuals for the purposes of this application.

I further agree to observe all of the guidelines and polices set forth by the Diocese of Austin and the Institute for Spiritual Direction.

My signature indicates that I have read and understand the above information as stated within this release and am signing below of my own free will.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## **RECOMMENDATION**

**Print 4 copies of this Recommendation Form and send one to each of your 4 references**

**Name of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Recommendation by** \_\_\_\_\_

**Phone** \_\_\_\_\_

**How long have you know the applicant and in what capacity?** \_\_\_\_\_

\_\_\_\_\_

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**How would you describe the applicant as a "person of faith?" What is your perception of his/her ability to live every day with the support of faith and prayer?**

**Comment on applicant's relationship to: Family, Friends, Co-workers, Church and Civic authorities.**

**What personal strengths/gifts does the applicant have that encourage you to recommend him/her as a Spiritual Director?**

**Comment on the applicant's overall personality.**

**What reservations do you have about the applicant's capacity to serve in the ministry of Spiritual Direction?**

**I do \_\_\_do not\_\_\_ recommend this applicant for admission to the Institute for Spiritual Direction  
Why or Why not?**

**Please add any other comments that would be pertinent to your recommendation.  
All information on this form will be held confidential. Please do not fax your completed form.**

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**Signature**

**Date**

**Please return to:**

**Beverly Collin  
Cedarbrake Retreat Center (ISD)  
PO Box 58  
Belton TX 76513-0058**