

APPLICATION FOR PROVISIONAL SPIRITUAL DIRECTOR/ SPIRITUAL DIRECTOR

NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE CONTACT	
E-MAIL ADDRESS	
MARITAL STATUS	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> # of Children
EDUCATION/ CERTIFICATIONS	
PLEASE ANSWER THE FOLLOWING QUESTIONS (Use additional paper if necessary)	
Give a short testimony of when you first became a follower of Christ (please include an approximate date).	
In what capacities (officially/non-officially) have you served in the Christian Community?	
Why are you wishing to be considered a spiritual director of Koinonia?	
Give a short paragraph of your strengths and weaknesses regarding your personality and character:	

What do you see are your spiritual gifts and why?

What spiritual qualities do you value and why?

How do you think you're view by others with whom you work or socialize?

Have you ever been charged with or convicted of a felony? Please explain fully.

Please attach three letters of references and give us the contact information for those references in the space below. (If married, include your spouse as one of the references.)

NAME:	CONTACT INFORMATION Please include address, e-mail and phone number

Signature:

Date: