

APPLICATION FORM – IGNATIAN SPIRITUALITY AND THE SPIRITUAL EXERCISES

NAME:

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MAILING ADDRESS INCLUDING ZIP CODE:

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PHONE NUMBER:

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Is this a cellphone? \_\_\_\_\_ Is texting ok? \_\_\_\_\_

EMAIL ADDRESS:

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RELIGIOUS AFFILIATION (IF ANY):

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WHAT DRAWS YOU TO THE SPIRITUAL EXERCISES OF IGNATIUS LOYOLA?

TELL US ABOUT ANY PREVIOUS STUDY YOU HAVE DONE ON IGNATIAN SPIRITUALITY AND THE SPIRITUAL EXERCISES.

PLEASE SHARE ANY EXPERIENCES YOU HAVE HAD OF DOING THE FULL SPIRITUAL EXERCISES, INCLUDING WHEN, WITH WHOM, AND IN WHAT FORMAT.

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WHEN AND WHERE DID YOU RECEIVE YOUR SPIRITUAL DIRECTION TRAINING?

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GIVE SOME DETAILS ABOUT YOUR OWN EXPERIENCE OF OFFERING SPIRITUAL DIRECTION (HOW LONG AND WITH HOW MANY PEOPLE, ETC.)

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IF YOU ARE CURRENTLY SEEING A SPIRITUAL DIRECTOR:

Have you discussed your intent to make the Spiritual Exercises?

Will you continue seeing your spiritual director while doing the Exercises?

Will you suspend seeing your spiritual director while doing the Exercises?

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IF YOU ARE NOT CURRENTLY SEEING A SPIRITUAL DIRECTOR, PLEASE EXPLAIN WHY.

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IN DOING THE EXERCISES, CAN YOU MAKE TIME DAILY FOR ONE HOUR OF PRAYER AND WEEKLY FOR ONE HOUR OF MEETING WITH YOUR ASSIGNED SPIRITUAL DIRECTOR?

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HOW WILL YOU ENSURE YOUR COMMITMENT OF TIME TO DOING THE EXERCISES?

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IS THERE ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOU?

*Thank you for your interest in this learning experience.  
Please submit your application by email to: [info@listeningplacespiritualcenter.org](mailto:info@listeningplacespiritualcenter.org);  
or by mail to: The Listening Place, c/o Joyce Horn, 924 Palace Garden Way, Raleigh, NC 27603.*