



Application for 2019 Advanced Chaplaincy Training

I. Personal Information

Name: _____

Mailing Address: _____

Email: _____

Permanent Address (if different from above):

Contact Numbers: Day: _____ Eve: _____ Cell: _____

Emergency Contact (Name, relationship and contact numbers):

Spiritual Community/Faith Group/Community of Accountability:

Ordained/Licensed/Endorsed? : _____ Date: _____

Community/Jurisdiction/Diocese/Conference:

II. References

On the attached release form, please list three references, their contact information, capacity in which they know you and the aspects of your readiness/fitness to be in a program of this type that they will be able to address. *References ideally are professional, employment, academic, ministry or volunteer work related.*

III. Essays

On a separate piece of paper/document, please answer the questions as listed and required on the 3rd page of this document, entitled "Essay Questions." Your responses should be double spaced and concise.

When complete: the application and essays may be returned as electronic documents via email, or sent along with the Consent to Contact Reference form, which must be signed, via U. S. Mail, by fax, as scanned documents attached to a return email, or delivered in person. Thank you.

All documents may be filled out electronically with the exception of the signature line on the Consent to Contact References, which must have your actual signature on it.

1001 Potrero Avenue, Room 2F4

San Francisco, CA 94110

Tel 415-206-8918

Fax 415-206-5369

www.sojournchaplaincy.org



*Consent to Contact References for
Applicants to Sojourn Chaplaincy Programs*

To be filled out and signed by applicant

Name (Please print): _____

References

1. Name & Title: _____

Relationship/Capacity: _____

Phone Number(s) _____

Email: _____

2. Name & Title: _____

Relationship/Capacity: _____

Phone Number(s) _____

Email: _____

3. Name & Title: _____

Relationship/Capacity: _____

Phone Number(s) _____

Email: _____

I hereby consent to Sojourn Chaplaincy contacting the references listed above as part of my application to participate in a Sojourn Chaplaincy program:

Signature _____ Date _____

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ESSAY QUESTIONS

- I. On separate page(s) please write a 1-2 page description of your spiritual development/journey and your interest in training with Sojourn.

- II. On separate page(s) please write a 1-2 page reflection describing the gifts you bring chaplaincy and your limitations or growing edges in this work. Please draw upon your learning in CPE.

- III. On separate page (s) please write a reflection describing your sense of yourself in groups. What has been your experience working with peers? What is your sense of the role you often embody in group dynamics?

- III. On separate page(s) please write an answer as to what type of ongoing relationship you anticipate/hope to have with Sojourn Chaplaincy after your training/internship is complete, if any. A minimum of a year-long commitment to volunteering at the General is required for acceptance in the program.

- IV. Do you speak any languages other than English? If so, please indicate which languages and your degree of fluency.