



Application for 2021 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 3<sup>rd</sup> 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](http://www.sojournchaplaincy.org)



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

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*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. Please write a 1-2 page description of your spiritual development/journey and your interest in training with Sojourn.**

**II. Please write a 1-2 page reflection describing the gifts you bring chaplaincy/healing/service/ministry and your limitations or growing edges in this work. If applicable, please draw upon your learning in CPE.**

**III. 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. 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 4 hours a week or 208 hours after the class ends is required for acceptance in the program.**

**IV. Share a bit about your thoughts and feelings about serving at a hospital in a pandemic.**

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