



Restoring Connections
formerly the
Center for Spirituality at Work

TRANSFORMING THE WORLD

ONE RELATIONSHIP AT A TIME

P.O. Box 102168
Denver, CO 80250-2168
303-383-1610
www.restoringconnections.org
vie@restoringconnections.org

Dear Friend,

I am pleased to hear of your interest in the Formation Program in Soul Care. The application process for this program includes completion of the following:

- Application form (enclosed).
- Reference from an individual who has known you at least two years (not a family member). This person should be someone able to answer the questions on one of the enclosed reference forms. The reference should be returned directly to our office or my email.
- Reference from a pastor, ecclesiastical superior or lay minister in a position of authority in your church/congregation. This person should also use one of the enclosed reference forms and return it directly to our office mailing address or my email.
- An interview with the program facilitators (this will be done by web conference).
- \$50.00 application fee (non-refundable).

All application materials should be sent to my attention at the address on this letterhead. The application deadline is **April 16, 2021**. Applicants are encouraged to apply to the program as early as possible. Applications will be reviewed as soon as they arrive and you will be contacted for an interview. All interviews will be completed by April 23, 2021.

Admission to the program presumes a commitment to

- opening webinar June 15 (time determined by class participants)
- both intensive sessions (July 23 evening- July 30, 2021 and August 20-26, 2022); online time is a few hours each day but participants are asked to reserve the intensives as a retreat week allowing for personal rest, reflection and recreation.
- twice monthly 2 hour webinars (dates determined by class participants)
- monthly supervision with their assigned supervisor (dates determined by participants)
- a soul care practicum and relational presence with people on the margins
- regular reception of spiritual direction

Thank you again for your interest. I hope to have the opportunity for further contact with you.

Sincerely,

Vie Thorgren
Director



Restoring Connections
Transforming the world through relationship

**FORMATION PROGRAM
FOR SPIRITUAL DIRECTORS**

APPLICATION FORM

**P.O. Box 102168
Denver, CO 80250-2168
303-383-1610**

**www.restoringconnections.org
vie@restoringconnections.org**

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: _____ **Name of Spiritual Director:** _____

I. Please answer the following (using a separate sheet of paper) as completely as possible:

- 1. Briefly state the reason(s) for your interest in this program.*
- 2. In what context do you expect to use your learning from this program?*
- 3. What has been your own experience of soul care/spiritual direction? As provider? As recipient?*
- 4. At present, what distinctions would you make between counseling, therapy, social work and soul care/spiritual direction?*
- 5. What do you feel are your main liabilities to competency as a spiritual companion for others? What are the areas in which you feel you most need education and training?*
- 6. Identify the faith community of which you are a part. In what ways have you participated in the life of your own faith community? What do you see as your primary commitments in the past? At present?*
- 7. What commitments to your own growth have you made in the past five years?*
- 8. What reading have you done in spirituality/soul care in the past five years?*
- 9. Are you presently involved in direct ministry to the poor and marginalized? If so, please explain. If not, are you willing to make a commitment to some level of contact with the poor during the 15-month interval?*

Over →

II. Please assess your competency in the following areas:

Characteristics	Poor	Average	Good	Superior	Outstanding
Knowledge of Scripture					
Knowledge of the various traditions of spirituality					
Theological background					
Spiritual theology					
Understanding of Social Justice issues					
Knowledge of psychology					
Understanding of developmental theory					
Communication skills					
Discernment					

Please return this form with your nonrefundable \$50.00 Application Fee to:

**Dr. Vie Thorgren
Restoring Connections
P.O. Box 102168
Denver, CO 80250-2168
vie@restoringconnections.org**

****Make checks payable to Restoring Connections****

OR

Call us at: 303-383-1610 x2 to provide credit card information



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To Individuals Providing References:

Restoring Connections recognizes Soul Care/Spiritual Direction as a vital ministry and we have committed ourselves to the education and continued development of competent spiritual directors. It is our belief that this ministry involves a personal call that can be verified by the community's experience.

We are grateful that you are willing to assist us with the selection process by serving as a reference for this applicant. We hope that you will take the time to respond fully to the questions on the attached form and mail or email to my attention.

References should be returned no later than **April 16** to:

**Vie Thorgren, Director
Restoring Connections
P.O. Box 102168
Denver, CO 80250-2168
vie@restoringconnections.org**

Sincerely,

Vie Thorgren
Director



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REFERENCE FORM

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Name of applicant: _____

How long have you known this person? _____

In what capacity? _____

Please rate the applicant in the following areas:

Characteristics	Poor	Average	Good	Superior	Outstanding	No Basis for Judgment
Social Awareness and concern						
Emotional maturity						
Ability to work with others						
Ability to relate to others						
Openness to personal growth						
Independence and initiative						
Adaptability						
Common sense						
Openness to criticism						
Communication skills						
Developed value system						
Respect for others						
Quality of affective presence						
Openness to others of different faiths, ethnicities, cultures, economic levels						
Understanding of the Gospel message						
Commitment to Church community						
Lived experience in the Christian tradition						
Basic knowledge of contemporary theology						
Integration of Christian living, prayer life, spirituality						

Over →

Please comment (using a separate sheet of paper) on the following based on personal observation and experience with the applicant:

- 1. In what kinds of situations have you had the opportunity to directly observe the behavior and quality of relationships of this applicant?*
- 2. Do you personally believe that this applicant is called to the ministry of soul care/spiritual direction? On what evidence do you base your opinion?*
- 3. Do you feel that this applicant has an awareness and recognition of God's presence and activity in his/her life? In what ways have you seen this demonstrated?*
- 4. How is this applicant involved in his/her own faith community?*
- 5. Please give any other information or observations that would be helpful to us in evaluating this person for admission to this certificate program.*

Name: _____

Signature: _____

Date: _____

Address: _____

Telephone: _____

May we contact you for further clarification if necessary? _____

Please return by April 16 to:

**Vie Thorgren, Director
Restoring Connections
P.O. Box 102168
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