**A picture containing object

Description generated with high confidenceTransformational Listening Center**

**Admissions Application**

Complete pages 1 & 2 and mail or email (address located on bottom of each page) to TLC. Include your $75 non-refundable application fee made out to TLC or use PayPal link on the Registration screen at <http://tlcchicago.com/registration/information/>. Have your confidential Character Reference form, page 3 and sent TLC separately, or use our online form at <http://tlcchicago.com/registration/character-reference/>

PERSONAL INFORMATION

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_\_

Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date (MM/DD/YY) Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATIONAL HISTORY

Highest Educational Academic Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATIONAL HISTORY

Work History for the past five years:

|  |  |  |
| --- | --- | --- |
| Date | Employer | Position |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

SPIRITUAL JOURNEY AND INTEREST IN TLC

In a separate Word Document, please answer these questions.

1. Provide a brief spiritual autobiography. Include the following: *Your faith journey, family life, and significant life experiences.*
2. Briefly describe what draws you to the Transformational Listening Center?
3. Describe your personal experience and strengths as they pertain to listening.  Do you have a sense that God is calling you to the ministry of spiritual direction? Have others affirmed a gift of listening in you? Describe.
4. Describe your weaknesses especially when it pertains to listening. What do you desire most to learn?
5. What is your church background and are you currently attending worship?
6. What has been your involvement in your current place of worship?
7. What, if any, are other kinds of ministries you have been involved in?
8. Describe briefly your prayer life and spiritual practices.
9. Do you *currently* or have you ever met with a Spiritual Director? If so how often do you see him/her? For how long have you met together? If yes, please comment on your experience of spiritual direction.
10. What are your expectations of the TLC program? What do you hope to achieve through this process?
11. How comfortable/familiar are you with technology as working online is a necessary component of our program?
12. Is there room in your life for the commitment of time and energy that this program requires?
13. *List any books you have* read on the topic of spiritual direction or spiritual formation.
14. What workshops, courses, and/or seminars have you attended that are related to the ministry of Spiritual Direction or *spiritual formation*?

Please return completed application along with a $75 non-refundable application fee to the address in our footer.

Character Reference Form for Transformational Listening Center

**To Whom It May Concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Applicant Name) is applying for admission to the Transformation Listening Center. He/She is seeking to be trained as a spiritual director we would like your frank evaluation of the applicant’s qualifications. Please complete the following including your personal evaluation of the applicant's qualifications. All information provided is confidential.

What is your relationship to the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the applicant? Years \_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_

How well do you know the applicant? Very Well \_\_\_\_\_\_\_\_ Well \_\_\_\_\_\_\_\_ Not Well \_\_\_\_\_\_

In your comments please take into consideration the applicants: Maturity, emotional stability, integrity, interpersonal relationship skills, tolerance of differences, ability to accept and act on constructive comments and suggestions, self-discipline including the ability to complete tasks and achieve goals, and potential for leadership. Also include any knowledge you may have of the applicant’s spiritual journey.

What have you observed to be applicant’s greatest strengths?

What have you observed to be the applicant’s greatest weakness?

Other Comments:

You may provide additional information regarding this applicant here:

I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_ I do not recommend \_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your time and careful consideration in completing this form. Please return this form to the address in our footer.