



13240 Craig Street | overland park, Kansas 66213 | 913.310.0014 | SpiritualMentorship@SchoolofFaith.com

	Please Print Clea	arly, Provide All Information	, Enclose \$	30 Application Fe	e made payable to Schoo	l of Faith
Name: F	irst	Middle	N	Maiden	Last	O Male O Female
Street A	ddress					
City, Stat	te & Zip Code					
Home Pl	none Number		(	Cell Phone Number		
Email Ac	Idress		[	Date of Birth (mm/dd//yy	yyy)	
Marital S	itatus		(	Occupation		
Infor	rmation About Y	Your Current Parish				
Name of	Current Parish					
Street A	ddress					
City, Stat	te & Zip Code					
Phone N	umber of Current Parish		F	Pastor of Current Parish		
Infor	rmation About Y	Your Baptism				
Date of I	Baptism (mm/dd/yyyy)		E	Baptismal Name if Differe	ent From Above	
Name of	Church Where Baptized		-			
Street A	ddress					
City, Stat	te & Zip Code					
SA	ACRAMENTS RECE	IVED IN THE CATHOLIC CHU	JRCH	PA	arish and Year Received	,

Questions for Discernment. Use Additional Paper if Needed.					
Why do you want to become a Spiritual Mentor?					
What are your expectations for this course of study?					
Have you ever been through a similar program?					
What kind of formation and religious education have you had up to this point?					
How did you come to hear about this course?					
Please Provide One or Two References That We May Co	ONTACT, INCLUDING ONE PARISH PRIEST.				
Reference 1 (Catholic Parish Priest) Name	Reference 2 (Optional) Name				
Street Address	Street Address				
City, State & Zip Code	City, State & Zip Code				
Area Code and Phone Number	Area Code and Phone Number				
Fax	Fax				
Email Address	Email Address				
Terms and Conditions	CODE OF CONDUCT				
I, the undersigned, understand that:  this application does not mean an immediate acceptance to the Spiritual Mentorship Program, but a request for consideration to be a participant. there will be a personal interview required for entrance to the program and this interview may be done via phone.  there is an ongoing discernment for the suitability of each accepted candidate throughout the duration of the program and that each candidate is under probationary status during the program.  each accepted candidate is expected to abide by the code of conduct during the length of the program and upon completion of it.  these terms and conditions are subject to change.	I, the undersigned, understand that if accepted into the AVI Catholic Spiritual  Mentorship Program, I am expected to:  complete the required pre-requisite distance learning courses prior to each of the in-residence sessions.  have a spiritual director/mentor during the program and upon completion of it.  be faithful to the teachings of the Magisterium of the Roman Catholic Church.  maintain confidentiality with regard to the mentee¹ during the program and upon completion of it.  exercise prudence before, during and after the spiritual mentorship sessions with the mentee. This includes:  not offering spiritual mentorship to persons of the opposite gender.  not consuming alcohol during the spiritual mentorship session.  not meeting the mentee in a private residence.  not offering spiritual mentorship to minors².  understand that this code of conduct is subject to change.				
Full Name (Printed)	"Mentee" is the person to who spiritual mentorship is being offered  The Spiritual Mentorship Program is not designed specifically to equip you to offer spiritual mentorship to minors. To do this, you will need ulterior training, for example the Virtus Training.				
Signature	Date				