



The West Virginia Institute For Spirituality
1601 Virginia Street, East
Charleston, WV 25311
Phone: (304)-345-0926 Fax: (304)-345-8206
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THIRTY-DAY RETREAT
APPLICATION FORM

Name : _____ Date: _____

Address: _____

_____ Home Phone No: _____

E-mail: _____ Cell Phone No: _____

1. With whom have you discerned your readiness for the thirty-day retreat experiences?

2. Have you ever made a Directed Retreat? _____ Yes _____ No

If yes:

A. Number and Length _____

B. Places and years _____

3. Have you ever received individual Spiritual Direction? _____ Yes _____ No

If yes, please state length of time _____

4. Are you currently engaged in individual Spiritual Direction? _____ Yes _____ No

5. What are your reasons for making a thirty day retreat at this time?

6. Please ask two people to write letters of recommendation for you supporting your desire to make a thirty day retreat. These letters of recommendation must be received by **May 1st**.

Mail to the attention of:
Sr. Carole Riley, C.D.P., Executive Director
The West Virginia Institute for Spirituality
1601 Virginia Street, East
Charleston, West Virginia 25311