



**The West Virginia Institute For Spirituality 1601
Virginia Street, East
Charleston, WV 25311
Phone: (304)-345-0926
Email: exec.director@wvis.org**

**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

