

September 2009 through July 2011

Dear Internship Applicant:

Thank you for your inquiry regarding our *Internship in the Art of Retreat Direction*. The Internship runs from July 18-23, 2011. The cost is \$1,550, which includes the \$50 application fee.

If you would like to apply for this program, please complete the application and return it to Mercy Center *no later than June 6, 2011*. A \$50.00 non-refundable/non-transferable processing fee needs to accompany your completed application. Please make the check payable to Mercy Center. The selection process and notification of acceptance/non-acceptance takes place as applications are read and processed.

Along with the application you will also need one letter of recommendation from a person in ministerial leadership such as a supervisor, co-worker, pastor, religious superior, etc. The form for this letter is enclosed with the application packet. Please have the letter sent directly to me. Be sure to put your name at the top of the form before you send it to your colleague.

If you have any further questions, please do not hesitate to contact me at 650-340-7495 or csoracco@mercywmw.org.

We ask your prayers that our program may be blessed by the Spirit and touch the lives of people throughout the world.

Sincerely,

Colleen Shannon Soracco

Colleen Shannon Soracco
Program & Project Administrator



2011 Application
Internship in the Art of Retreat Direction
Mercy Center, Burlingame, California

NAME: _____

CONTACT – Please circle whether the phone number is home, work, or cell number.

PHONE 1: _____ HOME PHONE 2: _____ WORK

PHONE 3: _____ CELL

ADDRESS: _____ CITY: _____ STATE: _____

ZIP _____ COUNTRY: _____ E-MAIL: _____

RELIGIOUS DENOMINATION/COMMUNITY OF FAITH: _____

AFFILIATION: (Religious Community) _____

DATE OF BIRTH: ___/___/___ Married Single Religious Ordained
mo/ day/ year (Please check all that apply.)

GENERAL EDUCATIONAL BACKGROUND (Highest level completed): _____

WHAT IS YOUR PRESENT JOB/OCCUPATION? _____

NB: When completed, this form, along with one letter of recommendation, is the only information which will be considered. Please do not include any additional materials such as vitae, resume, etc.

This cover sheet and \$50 processing fee must accompany your application, and along with one letter of recommendation must be received by Mercy Center no later than July 1, 2011.

The following questions are designed to assist the staff in getting to know you in terms of background, experience, a call to this ministry, and your expectations as they relate to our program. The questions need to be answered fully and in detail. They may be done by computer or typewriter. Please do not hand write.



1. What are you looking for and what do you hope to receive from this program which will assist your growth in giving Ignatian directed retreats?
 2. What has been your experience of receiving spiritual direction? For how long?
 3. How long have you been doing spiritual direction?
 4. Where were you trained? When?
 5. When and where did you experience either the 30-day, 30-week, or 8-day Ignatian retreat? Briefly describe your experience.
 6. What kinds of experiences do you engage in as you pursue your own personal and spiritual growth, i.e., therapy, meditation, dream work, journaling, prayer style exploration, retreats, enneagram, biospiritual focusing, etc.?
 7. What groups or kinds of people would you see yourself serving in the retreat direction ministry?
 8. What particular strengths do you feel you bring to the ministry of retreat direction?
 9. In what areas do you feel you most need to grow?
 10. Have you ever been convicted of a felony? If the answer is "yes" please describe briefly.
 11. According to ADA Act, do you have any disability about which our team should be informed?
 12. How did you find out about our programs in Retreat Direction?
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Date

Signature

Please Mail to:
Colleen Soracco, Programs
Mercy Center
2300 Adeline Drive
Burlingame, CA 94010-5599



**LETTER OF RECOMMENDATION
INTERNSHIP IN THE ART OF RETREAT DIRECTION
MERCY CENTER**

NAME OF APPLICANT: _____

When completed please mail this form to: Colleen Shannon Soracco
Mercy Center
2300 Adeline Drive
Burlingame, CA 94010

The above-named applicant has applied for admission to our internship program for the training of Retreat Directors. Please respond to the following questions with that in mind.

1. Name some personal characteristics showing his/her suitability for this ministry:

2. What are the strengths of this person? _____

3. In what areas could this person grow? _____



4. What is this person's sensitivity towards the poor and/or oppressed? Give specific examples if possible. _____

5. How long have you known this person? In what capacity? _____

6. Is this person able to share on a personal level, in a small group? _____



7. Do you experience this person as a mature individual who can share needs, values, and inner experiences?

ADDITIONAL COMMENTS: _____

Your Name: _____

Your Address: _____

Your Contact Phone Number: _____

Your Relationship to the Applicant: _____

Date

Your Signature

This letter must reach Mercy Center as soon as possible, to complete the application process.

