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Clergy Care Circle Application

Please return completed form via email or to the mailing address above.

Applicant Information

Full Name: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Emergency Contact name and number: _____

Personal pronouns: _____

Religious Affiliation: _____ Denomination (if applicable): _____ How long have you been ordained?: _____

Do you hold a position in a religious institution? If yes, what is it? _____

Are you currently in a search process, retired, bi-vocational, or in a "non-traditional" ministry? If so, please briefly explain.

Preferred session day/time (all CCCs are held online via videoconferencing):

- | | | | |
|--------------------|--------------------------|------------------|--------------------------|
| Thursday morning | <input type="checkbox"/> | Sunday afternoon | <input type="checkbox"/> |
| Thursday afternoon | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |
| Friday morning | <input type="checkbox"/> | | |

Spiritual Reflection

Do you have a spiritual director?

YES

NO

Name: _____

Do you have a therapist?

YES

NO

Name: _____

This information is to help me understand your support network. I am not revealing or reporting any confidential information to the above-named persons.

Please briefly describe why you are interested in being part of a Clergy Care Circle:

How is your prayer life currently shaped?

What are you hoping for most in participating in a Clergy Care Circle? Is there anything you are afraid or anxious about?

How did you find out about Clergy Care Circles?

Consent Covenant

I am committed to the spiritual work we will do in the Clergy Care Circles and I promise to seek additional therapeutic help, if needed.

Signature: _____

Date: _____