



The Jesuit Retreat Center
of Los Altos

APPLICATION FORM

The Spiritual Exercises of St. Ignatius Loyola
in a Thirty- Six Day Program

June 20, 2010 – July 27, 2010

Kindly complete your responses on computer (or type or print)

Please return this form, with your \$450 deposit, completed questionnaire, and photo of yourself (to be shared with all the retreat participants) to Kathy Carroll at the Retreat Center.

Please have a brief note from your spiritual director and two letters of recommendation (see details on the following page) sent directly to Fr. Bob Fabing at the Retreat Center.

The Jesuit Retreat Center of Los Altos
300 Manresa Way, Los Altos, CA 94022

Ph: (650) 948-4491

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Mrs. Kathy Carroll
Contact for 36-Day Program
kcarroll@jrclosaltos.org

Fr. Bob Fabing, S.J.
Director of 36-Day Program
rfabing@jrclosaltos.org

Basic Information

Title (e.g., Mrs.) _____ First Name _____ Middle Initial _____

Last Name _____ Title (e.g., M.D., C.S.J.) _____

Denomination _____ Parish _____

Primary Language _____ Ethnicity _____

Phone (home) _____ - _____ - _____ Phone (cell) _____ - _____ - _____

Phone (work) _____ - _____ - _____ ext _____ Date of Birth _____/_____/_____

Address _____ City _____ State _____ Zip _____

Handicap or mobility difficulty? _____ E-mail _____

If yes, please explain in detail on another page, so we can be sure we have appropriate facilities.

Emergency Contact Information

Name _____ Phone (home) _____ - _____ - _____
Phone (work) _____ - _____ - _____ ext _____ Phone (cell) _____ - _____ - _____

Financial Considerations

The total fee for the 36-Day Program \$3,000.00

A deposit is due with your application \$ 450.00

[Should you cancel prior to March 1, 2010, 50% of the deposit will be refundable; should you cancel after March 1, 2010, the entire deposit is non-refundable.]

The balance of payment for the retreat \$2,550.00
is due by May 20, 2010.

Checks should be made payable to “Jesuit Retreat Center.”

<p><u>Payment by Credit Card:</u> Circle one: American Express / Discover / Mastercard / VISA</p> <p>Amount _____</p> <p>Card number _____ Exp. Date ____/ ____</p> <p>Name as it appears on the card _____</p> <p>Cardholder’s signature _____</p>

Photo

Please send to Kathy Carroll (by e-mail, if possible) a color photo of yourself, for posting with photos of all the retreatants and directors to help us all in getting to know one another. A “solo” photo is recommended—and one that reveals well who you are. (Please do not choose to send a group photo in which you cannot readily be identified.)

Statement from Spiritual Director

Kindly ask your spiritual director (if you are currently in regular direction) to write a note to Fr. Bob Fabing, S.J., indicating that you are in regular spiritual direction with him or her and noting for how long you have been in direction.

Letters of Recommendation

Two letters of recommendation are required of each applicant and should be sent by the writer directly to Fr. Bob Fabing, S.J. (Kindly provide to each of those who will be writing for you a stamped envelope addressed to Fr. Fabing.)

If possible, one letter should come from a woman, one from a man. The writers should, if possible, be people familiar with the Ignatian tradition of prayer and service. The writers should

surely be people who know you well as a person of faith, a disciple of Christ, an active member of the community of faith—and who can help us to discern that this is an advantageous time for you to enter into the challenge of the Spiritual Exercises.

Questionnaire

Please answer each question with generous completeness.

(Kindly follow the numbering given below, using as much space as you wish for each answer.)

I.

1. What is your present major commitment and how many years have you been in this commitment?
2. What kind of work/ministry are you presently involved in?
3. What have been the major characteristics and moments (highs and lows, lights and shadows, freedoms and unfreedoms) in your history (family, education, relationships, ministry, and more) that you would consider fundamental in your personal and spiritual autobiography?

II.

4. Have you made an individually directed retreat or retreats before?
5. Please tell about those retreats (e.g., their length, frequency) and, if appropriate, outline your broader retreat history.

III.

6. What role does Examen of Consciousness (Examination of Conscience) play in your day?
7. What is the style and regularity and rhythm of your prayer?
8. Many traditions of prayer are honored in and have borne fruit for the Church. The Spiritual Exercises employ specifically Ignatian prayer forms, the use of which is integral to the dynamic of the Exercises, fostering and facilitating the graces characteristic of the Exercises. Are you willing to embrace each of these forms of prayer, gratefully and as your own, when its use is called for during the course of the Exercises?
9. What has been your pattern and experience of receiving spiritual direction?
10. How are Mass, the Eucharist, the other sacraments, and Church woven into your life?
11. Daily Mass together is an integral element of our experience of the Exercises. Do you expect to be comfortable sharing our liturgy, which is celebrated according to ordinary ecclesial practice and following diocesan liturgical guidelines, and will you commit yourself to it?

IV.

12. What path has led you and what hopes are prompting you to make the Spiritual Exercises at this point in your life?
13. Are you open to being individually directed by a priest or sister or layperson assigned by the retreat team leaders?
14. Do you have a preference for a priest, a sister, or a layperson as your director? (While we will consider your preference, we cannot guarantee that it will be met.)
15. Please share your understanding of any limiting conditions in your psychic, emotional, or physical health that may affect your making this retreat.