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SPIRITUAL DIRECTION QUESTIONNAIRE

Name: _____ Email: _____

Address: _____

Phone numbers: (home) _____ (cell) _____

Is this your first experience with Spiritual Direction? Yes _____ No _____

If yes, what is your hope/desire in seeking direction at this time?

Please give brief description of your background (family, work and religious affiliation, if any).

What are your spiritual practices at this time (i.e., prayer, journaling, etc.)?

Is there anything else you would like to tell us that would be helpful in pairing you with a spiritual director?

***Please print form, fill out, and send to the address above. ATTN: Jo Ann*

Many thanks for your time.