



# Shalom Center

## SABBATICAL PROGRAM

**PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Current Ministry \_\_\_\_\_ Years in Ministry \_\_\_\_\_

Ministry Description \_\_\_\_\_

.....

Give a brief statement pertaining to your expectations for this sabbatical.

Briefly describe your personal goals for yourself at this time.

Briefly describe any circumstances or situations that are currently affecting your:

(a) Personal Life

(b) Spiritual Life

(c) Ministry

(d) Relationships

Do you have any significant health problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain.

Do you use any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain.

**REFERRAL INFORMATION**

Who referred you to Shalom Center? \_\_\_\_\_

Name & Address of Person Financially Responsible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three references to include (1) a person in leadership, (2) spiritual director, (3) friend; and have each send a letter of reference to our attention.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date