

# THE MINISTRY OF SPIRITUAL DIRECTION

The Center For Spiritual Formation, Inc.  
45 South West Street, Carlisle, PA, 17013  
TEL (717) 2400678 Email: [centerformation1@gmail.com](mailto:centerformation1@gmail.com)  
Website: [www.centerformation.org](http://www.centerformation.org)

## **DESCRIPTION:**

*The Ministry of Spiritual Direction is a twoyear training course which assists laity & clergy to sharpen their listening skills, clarify their graces, and acquire the disciplines essential for caring for souls in love.*

## **YEAR ONE:**

Focuses on the history, traditions & models, Biblical roots & theological foundations of Spiritual Direction. It stresses the differences between psychological counseling and Spiritual Direction, and demonstrates a contemplative approach to God.

## **YEAR TWO:**

Focuses on the actual practice of Spiritual Direction: developing listening & assessment skills; becoming familiar with displacement & projection, transference & countertransference; acquiring a working knowledge of the lifestages of faith development; cultivating an increased awareness of the power of prayer & healing; and learning the importance of supervision.

## **OUTCOME:**

*The Ministry of Spiritual Direction will:*

1. Provide basic instruction in sensitivity toward, & insight into the workings of the Holy Spirit;
2. Advocate the need for a greater connectedness between the inner life of The Spirit and the outer life of faithfulness to the Spirit's direction;
3. Invite trainees to develop a greater willingness to relate to all types of people;
4. Equip trainees to deal with strong emotions, and maintain relationships over time;
5. Assist trainees to establish and maintain appropriate boundaries within the Spiritual Direction relationship;
6. Facilitate a deepening prayer life & a greater contentment with Silence and Solitude;
7. Challenge trainees to costly discipleship & speaking the truth in love;
8. Require trainees to undergo Spiritual Direction & aid them in accepting personal weaknesses as the basis for compassion.

## **CALENDAR: [Beginning in September]**

Each year consists of eleven monthly sessions, usually on the second weekend, excluding January. Sessions begin on Fridays at 6:30PM and continue through Saturday Afternoon. Each year there are two optional opportunities for an extended silent retreat through Sunday afternoon. Trainees must devote additional time to study & prayer, and receive Spiritual Direction at least once a month. During Year Two, each trainee should offer Spiritual Direction to one person, once a month.

**2019:**

Sept. 13-14

Fri. @ 6:30 PM till Sat. @ 4:00 PM

Oct. 11-12

Fri. @ 6:30 PM till Sat. @ 4:00 PM

Nov. 8-9

Fri. @ 6:30 PM till Sat. @ 4:00 PM

Dec. 13-14

Fri. @ 6:30 PM till Sat. @ 4:00 PM

**2020:**

Jan. 10-11

No Class

Feb. 7-8, or 14-15?

Fri. @ 6:30 PM till Sat. @ 4:00 PM

Mar. 13-14

Fri. @ 6:30 PM till Sat. @ 4:00 PM

Apr. 10-11

Fri. @ 6:30 PM till Sat. @ 4:00 PM

May 1-2, 15-16???

Fri. @ 6:30 PM till Sat. @ 4:00 PM

June 12-13

Fri. @ 6:30 PM till Sat. @ 4:00 PM

July 10-11

Fri. @ 6:30 PM till Sat. @ 4:00 PM

Aug. 7-8 or 14-15?

Fri. @ 6:30 PM till Sat. @ 4:00 PM

**All sessions are held at: Orchard Hill, near Millerstown, PA 17062. Take PA 22-322 to the Millerstown, PA Exit; Proceed into Millerstown, and at the Square, turn Right onto Route 17 East [Sunbury Trail]. Proceed 1.2 miles to Orchard Way. Turn Left and proceed one mile up the mountain.**

**COST:** Year One: \$1,200.00 per year in four installments + a one-time \$30.00 application fee = \$1,2030.00, [\$30 fee due with application; \$300.00 per installment]; Year Two: \$1,200.00 [four installments of \$300.00]

**STEPS TO ENROLLMENT:**

1. Complete application form, below.  
Or call with questions, 717-249-1512, x,248.
2. Secure two recommendations, one from a layperson and one from a minister.

**Staff:**

Cynthia Willis  
Program Coordinator

Russell Hart  
Dean & Registrar

Kathy Harvey Nelson  
Center Director

**THE MINISTRY OF SPIRITUAL DIRECTION:  
A Program of the Center For Spiritual Formation, Inc.  
45 South West Street, Carlisle, PA 17013**

**APPLICATION:** [Use reverse side, or additional sheets as needed]

Name: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (0) \_\_\_\_\_ Email Address \_\_\_\_\_

**Age:**

**Educational Background:**

**Occupational History Outline:**

**Significant facts about yourself:**

**Congregation [including denomination]:**

**Briefly explain why you are applying for enrollment in *THE MINISTRY OF SPIRITUAL DIRECTION*:**

**State, if applicable, the response/attitudes of your spouse/immediate family toward your interest in this program:**

**Is your pastor and congregation aware of your interest? What is their response?**

**Name a group/organization which actively supports your spiritual growth and calls you to accountability in your relationship with God:**

**Describe your spiritual journey over the last year:**

**Have you ever received Spiritual Direction? YES] [NO] If [YES], for how long?**

**Have you ever given Spiritual Direction? [YES] [NO] If [YES], for how long?**

**What do you expect to gain from this course?**

**Are you willing and able to commit to a training course which involves prayer, study, self-reflection, peerreview, practice of the Spiritual Disciplines, exposure to new ideas, travel to overnight meetings, and the expense?**

**Do you have any questions about this course?**

**Secure two recommendations using the forms provided.**

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**RECOMMENDATION FOR ENROLLMENT:**

(NAME)\_\_\_\_\_ is applying for enrollment in a training program of the Center For Spiritual Formation, Inc, called *THE MINISTRY OF SPIRITUAL DIRECTION*, which is a twoyear course of Biblical and theological instruction, selfassessment and practice in the care of souls.

Please complete this recommendation and return it to this address:

Dr. Russell. M. Hart, Registrar  
The Ministry of Spiritual Direction  
c/o The Center For Spiritual Formation, Inc.  
45 South West Street,  
Carlisle, PA 17013

TEL (717) 2400678

**Your name, address, email address & telephone number:**

**How long have you known this person, and in what capacity?**

**Describe him/her.**

**Do you recommend him/her for this course and the ministry of the care of souls?**

**Why or why not?**

**What evidence of a growing relationship with God do you see in him / her?**

**Do you believe s/he can sustain a commitment that involves prayer, study, selfreflection, peer review, the practice of the Spiritual Disciplines, and exposure to new ideas?**

**Other comments:**