**INTERCONGREGATIONAL COLLABORATIVE NOVITIATE**

**APPLICATION**

**PART 1:** **Completed by Applicant**

**A. CONTACT INFORMATION**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please notify us if any of the above information changes after application has been submitted.)

What is your primary preferred mode of communication?

□ text □ phone □ cellphone □ email □ WhatsApp

Languages you speak or write fluently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catholic Rite in which you were baptized or have practiced:

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**B. REQUIRED DOCUMENTS**

**As part of your Application please include the following:**

1. Write a brief **autobiography** highlighting significant turning points, events, relationships, spirituality and the impact of these in your development. Please include anything that would be important for us to know as we companion you during the Intercongregational Collaborative Novitiate. (approximately five-to-seven pages)
2. Your résumé (or educational/volunteer/work experience, etc.)
3. Self-Assessment (see below - Section C)

**C. SELF-ASSESSMENT**

**Applicant Self-Assessment**

As you begin the process of application for the Intercongregational Collaborative Novitiate, what do you believe is important for Novice Director(s) to know about you regarding the following areas:

**Prayer:**

**Community Living (Please be sure to speak to the length of time you have lived in community with your Congregation):**

**Work/Ministry/Volunteer Service:**

**The gifts, strengths and skills that you bring to Religious Life:**

**Your significant areas of growth during the time of your Candidacy/Novitiate:**

**Three areas you find challenging and in which you desire to grow:**

**Special Needs:**

**Other Comments:**

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Signature of Applicant Date

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Signature of Congregational Formation Personnel Date

**PART 2:** **Completed by Congregation Formation Personnel**

**A. DOCUMENTATION AND RECORDS**

**1. Documents on File with Sending Congregation (DO NOT SEND COPIES)**

* Birth certificate
* Baptismal certificate
* Confirmation certificate
* Legal clearance/background check
* Satisfactory medical/dental assessment by licensed health care professional
* Satisfactory psychological assessment by licensed psychologist
* Satisfactory behavioral assessment by trained personnel
* Professional certificates/licenses

Signature of Congregational Formation Personnel indicates verification of documents on file with the Sending Congregation:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Congregational Formation Personnel:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Required Document Copies**

Please provide copies of documents listed below when submitting Application Packet:

* + Copy of Valid Driver’s License, State I.D., or other official identification card
	+ Copy of Undergraduate and/or Graduate School transcripts
	+ Copy of Applicant’s Advance Directive for Health Care
	+ Copy of Health Insurance Card
	+ Copy of Passport, Visa, Immigration Documents
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share any additional pertinent information regarding the documents listed above:

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Signature of Congregational Formation Personnel indicates that the copies listed above (Required Document Copies) are included with the Application Packet:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Congregational Formation Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Evaluative Documents**

Please submit the following documents along with the Application Packet:

**□ Psychological Evaluation** **SUMMARY** to include any area of concern or current situation that may impact the participation and experience of the applicant in the Intercongregational Collaborative Novitiate. **Important**: DO NOT submit original Psychological or Behavioral Reports; **only summarized information is required.**

**□ Intercongregational Collaborative Novitiate Release of Information Form** (attached) to release the Psychological Evaluation **SUMMARY** to **the** Intercongregational Collaborative Novitiate Director(s). The signed Release of Information Form confirms that the applicant has *read* the **SUMMARY** and *discussed* it with her Congregational Formation Personnel.

**B. RECOMMENDATION BY CONGREGATIONAL FORMATION PERSONNEL**

**1. Interpersonal Capacities Appraisal**

The following list of interpersonal skills and qualities are key for the applicant’s well-being and the creation of life-giving and supportive community experience for all members. **An elemental capacity, practice of and the potential for growth in these areas, however, not proficiency, is required.** Please indicate the applicant’s demonstrated *willingness and ability* by providing illustrative examples for each item below.

Describe the gifts, strengths, and areas of growth which this woman brings to a community striving to embrace the following values:

1. **Nurturing a culture of curiosity and commitment to ongoing formation**

\****Give examples of capacity to:***

Share and receive feedback

Commit to lifelong learning

Maintain life balance, including attention to health, leisure, and creativity

***\*Please make note of any areas for growth:***

1. **Creating life in community which is respectful of diversity and interculturality**

\****Give examples of capacity to:***

Contribute to the creation of a life-giving environment for the community living experience (Extending hospitality, showing respect and support)

 Communicate in a clear manner and be an active listener

 Engage in mature, respectful conflict management, forgiveness, and contemplative

 dialogue

 Embrace diversity and respect interculturality

***\*Please make note of any areas for growth:***

1. **Promoting a sense of global sisterhood**

\****Give examples of capacity to:***

 Connect with sisters from a range of countries and cultures for input and dialogue

Learn about/participate in various collaborative efforts of sisters at national and global levels

***\*Please make note of any areas for growth:***

1. **Using an adult model of learning and relating which values the lived experience of the novices**

 \****Give examples of capacity to:***

Demonstrate initiative in the learning process and actively engage in the integration of materials and input

Engage in healthy relationships, including with peers and authority, and maintain respectful boundaries

Engage in mature self-disclosure and appropriate and healthy emotional responses

***\*Please make note of any areas for growth:***

1. **Committing to collaboration and communication between the novices and the sending communities**

 \****Give examples of capacity to:***

 Take responsibility for the impact of one’s own words and actions

 Maintain relationships with multiple community members

Articulate and embody one’s own Congregational charism, culture, history, ministries, etc.

***\*Please make note of any areas for growth:***

1. **Living the current reality of religious life while paying attention to and preparing for the future as it emerges**

 \****Give examples of capacity to:***

Engage with contemporary materials on religious life

Reflect on essential elements of current realities in religious life and how they pertain to the future of religious life

 Demonstrate flexibility, especially in times of transition

 ***\*Please make note of any areas for growth:***

1. **Please comment on significant areas of growth during the time of her Candidacy/Novitiate:**
2. **Please share anything else that would be helpful for the support and growth of the applicant?**

**2. Previous Experience and Capacity**

I confirm the Applicant has experience and capacity in the following:

* Proficiency in the English language as related to community living, prayer and study
* Regular preparation and facilitation of communal prayer with increasing ease and confidence
* Participation in and basic understanding of theological reflection, especially in regards to ministry, community and life experiences
* Successful completion of one year (minimum) living in community in the Sending Congregation
* Basic understanding of the vows, religious life and the charism and history of her own congregation
* Capacity to give a presentation on the history, charism, mission of her congregation
* Experience and understanding of a process of discernment with her congregation
* Participation in spiritual direction (minimum of 6 months)
* Completion of at least one 8-day retreat
* Satisfactory completion of Pre-novitiate and earlier stages of Initial Formation

Please share any additional information regarding these matters that may be helpful:

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Signature of Congregational Formation Personnel:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved 1-15-2021.Rev. 2/11/2021