



THE SPIRITUAL EXERCISES OF ST. IGNATIUS: A RETREAT IN DAILY LIFE  
APPLICATION: 2020-2021

All responses will be kept confidential.

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How do you prefer to be contacted? \_\_\_\_\_

1. What types of retreats have you been on in the past?

- 30-day Spiritual Exercises: Year(s): \_\_\_\_\_
- 19<sup>th</sup> Annotation: Year(s): \_\_\_\_\_
- Week-long silent, directed
- Week-long preached
- Weekend silent and/or directed
- Weekend preached
- Other: \_\_\_\_\_

2. What has been most meaningful about your retreat experiences?

3. What prayer forms are you currently using?

- Rosary
- Divine Office (Morning and Evening Prayer)
- Centering Prayer
- Lectio Divina
- Ignatian Prayer
- Other: \_\_\_\_\_

4. How often do you currently pray?

- at least 1-hour daily
- at least 15-30 minutes daily
- several times a week
- several times a month (variable)

5. Are you currently in ongoing spiritual direction?     Yes                       No

How long have you been with this spiritual director? \_\_\_\_\_

6. If you are NOT currently in spiritual direction, have you been in spiritual direction before?

- Yes               No

If yes, when and for how long were you in that spiritual direction relationship?

7. How has spiritual direction been helpful to you?

8. Are you involved in any ministries? Please Describe.

9. What is prompting you to want to make the Exercises at this particular time in your life? What are you hoping for from the Exercises?

10. The commitment for the Retreat in Daily Life consists of a total of 60-75 minutes of prayer and 15-30 minutes of journaling each day, a weekly face-to-face meeting with a retreat director, and attendance at a one-day commuter retreat, a faith sharing conference every 5-6 weeks (please see dates), and a half-day ending retreat. Are there any circumstances that may interfere with you making and keeping this commitment (e.g, work, travel, children/grandchildren, caregiving, physical/medical conditions, etc.)?

Yes       No

If yes, please explain:

11. Are you currently or have you been in psychotherapy? When, for how long, reason and was it helpful?

12. Please submit two (2) letters of recommendation from people who know you and you spiritual journey well. (Letters may be sent directly or emailed to the address below.)

Recommendation #1: (Name and email address/phone number)

Recommendation #2 (Name and email address/phone number)

Please complete and return application to:

Tammy Ichinotsubo-Ezzi, PhD  
HearTcenter for Healing, Renewal & Transformation  
29000 S. Western Avenue, Suite 203  
Rancho Palos Verdes, CA 90275

Or return by secure email to: [drtammyiezzi@hrt-center.com](mailto:drtammyiezzi@hrt-center.com)