

The Journey Within Ministerial Training Application Form
The Journey Within
25 Carr Street, Pompton Lakes, NJ 07442
973-616-9685
www.journeywithin.org
info@journeywithin.org

Date _____

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Confirm email: _____

Occupation: _____

Date of Birth: _____

How did you hear about The Journey Within?

I have enclosed or will forward three letters of recommendation from three individuals not family that I have known for over 5 years:

1. _____
2. _____
3. _____

Please list briefly your education/work history:

Are you a Professional Medium? _____

Are you a certified healer? _____

Are you a Spiritualist? _____; for how long? _____

And with what organization are you connected to? _____

Why do you want to be ordained through The Journey Within? Please attach additional sheets of paper if needed.

Please attach a letter of intention of why you would like to be ordained first/and secondly why through The Journey Within. Please make this letter out to The Journey Within.

Please give a brief description of your past and current religious/spiritual beliefs:

Have you had personal experience of psychotherapy and personal growth work? For what reasons and for how long?

Are you on any current medications?

Are you currently experiencing and major health concerns?

Have you been under the care of a psychiatrist or psychologist?
When?

How Long?

What is the diagnosis?

Have you been on psychotropic medications while under a psychiatrist's care?

What Medication(s)?

How Long?

Do you have any history of abuse? (physical, emotional, sexual, Satanic, child)

Have you ever been addicted to drugs or alcohol?

What is your status in recovery if so?

Write a paragraph about how you perceive yourself:

Contact in case of emergency:

Name, relationship, phone number: _____

Are there any intentions of opening a Spiritualist Church?

What do you plan to do with your ministry once ordained?

I affirm that all the above statements are true. False information can be grounds for dismissal from The Journey Within. If taking psychotropic medication, an additional letter of recommendation is required from your psychiatrist.

Print name: _____

Date: _____

Signature: _____

Is this your legal name not a stage name? _____

If you are accepted into the program you will then be required to have a fingerprint background check. The Journey Within will direct you to facilities in your state that are acceptable. You must clear this next step to continue. Failure to complete this step will result in termination of the process.