



**APPLICATION FOR COJOURNING WITH THE SISTERS OF ST. FRANCIS, ROCHESTER, MN**

NAME \_\_\_\_\_  
Last First Middle

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: Work \_\_\_\_\_ Home \_\_\_\_\_  
Cell \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

Do you have someone in mind to be your Companion (Sister or Cojourner)? Yes \_\_\_\_ No \_\_\_\_

If yes, please give us the name(s) you'd like for your Companion \_\_\_\_\_

How did you hear about Cojourning?

Briefly tell us something that would help us to get to know you. What do you value in life? What qualities/gifts have others affirmed in you? What experience or event has led to growth in your life? Sisters or Cojourners you know.

(Please continue on the back if necessary.)

I authorize the Cojourner Candidate Liaison to disclose or exchange this information with those immediately involved in furthering this process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Cojourner Candidate Liaison, Assisi Heights  
1001 14<sup>th</sup> St NW, Rochester, MN 55901