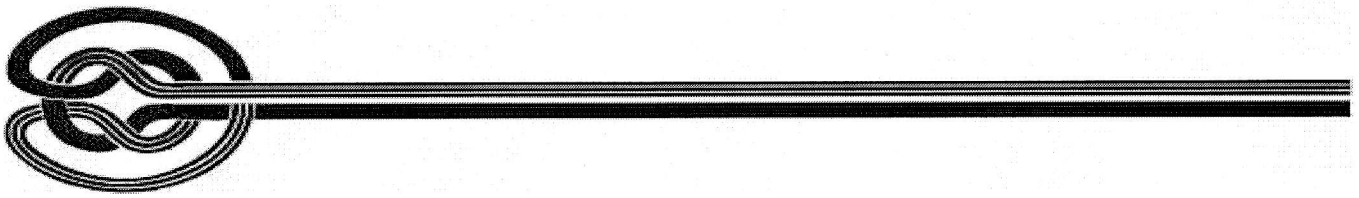

APPLICATION FOR COJOURNING WITH THE SISTERS OF ST. FRANCIS, ROCHESTER, MN

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 14th St NW, Rochester, MN 55901

11/5/2019