# Joint Program Application – Part 1

## Information

<table>
<thead>
<tr>
<th>Legal Name (First, Middle, Last)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Name</td>
<td></td>
</tr>
<tr>
<td>Preferred Pronoun</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City State Zip Country</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Other Phone</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td></td>
</tr>
</tbody>
</table>

| SKSM Semester Applying For     |   |
| SKSM Program Applying For      |   |
| Chl Program Applying for & First|   |

## Educational Institutions Attended

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates of Attendance</th>
<th>Degree/Certificate</th>
<th>Interests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Recommenders

1) Name (Teacher/Professor/Advisor) | Address | Phone |
|---|---|---|

2) Name (Faith Leader/Minister/Imam/Spiritual Activist) | Address | Phone |
|---|---|---|

3) Name (Personal Recommender) | Address | Phone |
|---|---|---|
**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

<table>
<thead>
<tr>
<th>Name (printed)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Our Policy**

**Statement of Inclusion:**

In accordance with Title IX

And in faithfulness to our theological commitments, Starr King and The Chaplaincy Institute embraces all, regardless of gender, gender expression, race, color, ethnic or national origin, religion, sexual/affectional orientation, age, class, physical character or disability.

Title IX Coordinator at Starr King School for the Ministry is Rev. Lindi Ramsden, Acting Dean of Students and Community Life. Telephone: 510-549-4727. Email: lramsden@sksm.edu. For questions around ChI’s diversity policy, please contact Dean, Rev. Lauren Van Ham at Lauren@ChaplaincyInstitute.org or 510-843-1422.

**Joint Program Application - Part 2**

**Application Questions**

**Personal Essay Statements:**
Please succinctly answer each of the questions below. Number your responses and use double-spaced 12 point font on 8.5” x 11” pages. Please include page numbers and your name on each page.

1) What is your concept of religious leadership? How do you understand this in terms of your calling?

2) Our educational philosophy requires self-direction and emphasizes academic inquiry and experiential learning. How would you assess your capability for and interest in these educational values?

3) We understand graduates of this program to be religious leaders. Our purpose is to educate progressive religious leaders, especially for ministry. Assess your abilities and gifts for the work of religious leadership, noting both your strengths and weaknesses for this work.

4) Describe your religious background and religious practices. Have you been involved in congregations and/or religious communities? Have you assumed leadership responsibilities? Please give details and dates.

5) Name five writings, films, or artistic works that have influenced you and explain how they have helped shape your life. Name two historical events, either in your lifetime or before you were born, that have been pivotal in your decision to pursue religious leadership – and describe their importance to you.

6) Describe your cross-cultural experiences, and your ability in languages other than your first language.

7) Describe your involvement in community service, arts and/or social activism.

8) Our institutions’ embody a curricular commitment to education to counter oppressions and create just and sustainable communities. How have these commitments shown up in your life? How will they manifest in your vocation?

9) How do you discern and attend to personal growth issues?

10) Do you have any concerns, whether physical, psychological or educational, that you would like us to know about? Is there anything else you would like to tell us?

Only for those applying to the Interfaith Studies Certificate Program (for Interfaith Ministry/Chaplaincy) at ChI. Personal Essays Questions:

1) What is your understanding of Interfaith theologically and/or as a spiritual path?
2) Please describe your experience of caregiving relationships (i.e. ministry, volunteer, teaching, mentoring, counseling, family) and how they relate to your motivation to engage in interfaith studies.

3) Participants in this program must have good emotional support in their own lives. What changes or challenges (if any) are you currently experiencing in your spiritual and emotional life? What are sources of emotional support for you?

**Only for those applying to the Interfaith Spiritual Direction Certificate Program at ChI.**

Personal Essay Questions:

1) Describe your experience of Spiritual Direction.

2) Explore your sense of call around the ministry of Spiritual Direction.

3) In what context do you see yourself working in Spiritual Direction (i.e., private practice, retreat work, group supervision, etc.)?

**Applicants to both the Interfaith Studies Certification Program and the Interfaith Spiritual Direction Certificate Programs at ChI must complete both sets of questions.**

**Autobiographical Statement:**

Please describe your development as a person. Indicate how the events and relationships you mention are important. Please limit your statement to five pages. Use double-spaced 12-point font on 8.5 x 11” pages. Please include page numbers and your name on each page.

Please send application materials to:
Admissions, The Chaplaincy Institute, 1400 Shattuck Avenue, Suite 14, Berkeley, CA 94709.
Or email to admissions@ChaplaincyInstitute.org or call 510-631-3066 (mobile).

---

**ADDENDUM B**

Letter of Recommendation Form
To the Applicant:
Please complete the information below and give each recommender this form and have them send the letter **directly** to ChI.

Name of Applicant:  

Deadline for Receipt of Letter: ____________________________  

In accordance with provisions of the Federal Education and Privacy Act of 1974, enrolled students have the right to see their letters of reference unless they waive that right.

_____ I waive, _____ I do not waive any right of access that I may have to this letter of recommendation.

Signature: ____________________________ Date: ____________

**To the Recommender:**

We greatly appreciate your assessment of this applicant’s potential for assuming the responsibilities of religious leadership. The following questions suggest the type of information that we find helpful:

1) How would you describe this person’s intellectual curiosity and capacity for graduate level work?
2) How would you assess this person’s maturity of judgment, ability to relate to individuals and groups, capacity to take frustration and respond to other’s hostility or affection, ability to keep perspective?
3) How would you describe this person’s sense of humor, imagination, initiative, and spontaneity, as well as care for self and others?
4) How would you gauge this person’s commitment to building diverse community and working for a just and sustainable society?
5) How has this person exhibited personal insight?
6) Do you see any impediments to the applicant’s ability to fulfill the responsibilities of a religious leader? Are there issues of authenticity, integrity, or trustworthiness with respect to the applicant that concern you?
7) Would you be enthusiastic at the prospect of the applicant being your minister or the leader of your faith or activist community?

How long have you known the applicant?

In what capacity?

**Your Evaluation:**  
**Strongly Recommend** □ **Recommend** □ **Recommend With Reservations** □ **Do Not Recommend** □

Signature / Date  

_____________________________  ____________________________

Name (printed) Position and Institution  

_____________________________

Address City, State, Zip  

_____________________________

Email / Phone  

Thank you for your assistance. Please return your letter and/or this form and **directly** to ChI.

MAIL to: Admissions, The Chaplaincy Institute, 1400 Shattuck Avenue, Suite 14, Berkeley, CA 94709 or email to: admissions@ChaplaincyInstitute.org. For more information call 510-631-3066 (mobile).