



## SPIRITUAL COMPANION INFORMATION FORM

Turn this in at COA Table or mail:  
Youth & Family Ministry-COA  
Center for Spiritual Living – Seattle  
5801 Sand Point Way NE  
Seattle, WA 98105



NAME \_\_\_\_\_ GENDER \_\_\_\_\_ DATE \_\_\_\_\_  
**Optional:** preferred pronoun (e.g, he/him, she/her, they/them, etc) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL \_\_\_\_\_

**Pre-requisite:** I have completed Foundations or Beyond Limits: Yes \_\_\_\_\_ Date: \_\_\_\_\_  
**If not,** I will complete Foundations or Beyond Limits by: \_\_\_\_\_

**Please answer the questions below, using the back if necessary.**

1. Why do you want to be a Spiritual Companion for the Coming of Age (COA) Program?
2. Being a Spiritual Companion in the COA program makes physical and emotional demands on you. Do you have any condition(s) or physical limitation(s) that would compromise your safety and/or ability to participate fully in this program?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:
3. Do you have reliable transportation other than the bus? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you use tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, are you able to forgo tobacco use during all COA events and activities? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Based on the Draft COA calendar, will you be able to attend all of the events and activities for Spiritual Companions listed? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:

***You will be scheduled for an interview with Coming of Age facilitators prior to acceptance into the program. There will be a \$150.00 non-refundable deposit due at the time of acceptance. The total amount of \$450.00 is due no later than September 9, 2018***

I would like information about the Coming of Age Scholarship Program.

I am interested in becoming a spiritual companion for the Coming of Age Program. I submit the information below in good faith that it will remain confidential and will be used exclusively for interviewing and matching purposes within the Coming of Age Program. All applicants are required to submit to a WA State Highway Patrol Background check.  Initial \_\_\_\_\_