

## Interview Form

Please complete all pages and **attach a recent photograph.**

The following pages are to be completed by anyone who would like to stay overnight at the convent. Guests who are accepted for a visit are asked to wear a long, modest skirt for the duration of their stay. Smoking is not permitted during a visit to the convent.

Today's Date: \_\_\_\_\_

Contact Sister's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Phone: (Home) \_\_\_\_\_

\_\_\_\_\_ (Cell): \_\_\_\_\_

### Personal:

1. How did you first hear about us? \_\_\_\_\_
2. How long have you been a practicing Catholic? \_\_\_\_\_
3. Do you believe all that the Roman Catholic Church professes to be true? \_\_\_\_\_
4. How often are you able to get to Mass and Confession? \_\_\_\_\_
5. How long have you been discerning Religious Life? \_\_\_\_\_
6. Do you have a Spiritual Director assisting you? \_\_\_\_\_
7. Have you ever dated or discerned Marriage? \_\_\_\_\_
8. Please list any Religious community you have entered in the past? \_\_\_\_\_  
(years) \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### Family:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Siblings (names and ages) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Were you raised practicing the Faith? \_\_\_\_\_
2. Did you go to Catholic school? \_\_\_\_\_
3. Was there ever a time when you stopped practicing your Faith? \_\_\_\_\_  
What (and when) was the turning point? \_\_\_\_\_
4. Are your parents supportive of your discernment of Religious Life? \_\_\_\_\_
5. Are you close to your siblings? \_\_\_\_\_  
Are they supportive? \_\_\_\_\_
6. Have you ever been married? \_\_\_\_\_ when? \_\_\_\_\_  
If so, have you been granted an annulment from the Church? \_\_\_\_\_

**Education:**

Grammar School: \_\_\_\_\_

High School: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

College: \_\_\_\_\_

Major: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Do you currently have debt? yes / no Amount: \_\_\_\_\_ Projected completion date: \_\_\_\_\_

**Employment** (beginning with most recent employment - list company, position & dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health:**

1. Are you being treated for any medical conditions? (please explain)  
\_\_\_\_\_  
\_\_\_\_\_
2. How is your overall health? \_\_\_\_\_
3. Do you have any allergies? \_\_\_\_\_

4. If you have ever been hospitalized, what was it for and for how long?

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5. Are you on any medications? \_\_\_\_\_

6. Do you require a special diet? \_\_\_\_\_

7. Do you smoke? \_\_\_\_\_

8. Have you ever suffered from an eating disorder? \_\_\_\_\_

9. Do you have any limitations because of your health? \_\_\_\_\_

10. Have you ever been enrolled in a self-help group such as AA or NA? \_\_\_\_\_

11. Have you ever suffered from physical abuse? \_\_\_\_\_

12. Have you ever suffered from sexual abuse? \_\_\_\_\_

13. Are you currently in counseling? \_\_\_\_\_ Have you seen a counselor in the past? \_\_\_\_\_

For what and for how long? \_\_\_\_\_

### **Ministry Experience:**

1. Are you able to be very active in your parish/campus ministry? \_\_\_\_\_

If so, what experience do you have? \_\_\_\_\_

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2. Do you have any other experience as a volunteer, missionary, or living in community? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

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3. Do you play a musical instrument? \_\_\_\_\_

4. Do you speak any language other than English? \_\_\_\_\_

### **Discernment:**

1. If you were to become a Consecrated Person would you prefer to wear a Religious Habit?

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2. What are your special aptitudes or gifts?

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3. Would living in the inner city (ie; the Bronx, NY) be possible for you? \_\_\_\_\_
4. What do you think is the next step for you in your discernment process?  
\_\_\_\_\_  
\_\_\_\_\_
5. If you discern that God is calling you, when could you see yourself entering?  
\_\_\_\_\_
6. Please describe why you are attracted to the Franciscan Sisters of the Renewal?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Did you have a conversion experience? \_\_\_\_\_ When was it? \_\_\_\_\_
8. What does your daily prayer life entail? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Saint Francis of Assisi:**

Please describe your attraction to Saint Francis of Assisi:

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**Please be sure to attach a recent photograph for identification purposes.**