

**Christine Center
Application for Sabbatical**

Period Applying for: (Please give two choices in order of preference)

From: (mo/day/yr)_____ to (mo/day/yr)_____

From: (mo/day/yr)_____ to (mo/day/yr)_____

Which do you prefer: Private Sabbatical _____ Semi-private Sabbatical _____

Housing: Modern Hermitage _____ Rustic Hermitage _____ Guest House _____

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

1. On a separate sheet, please describe your intention and focus for this sabbatical.
2. What is the condition of your health (physical, emotional and mental)?
3. Is there any aspect of your physical, emotional or mental health that would be restrictive in your daily life at the Center?

Applicants Signature: _____ Date: _____

Mail or email this form with accompanying information to:

Sister Johanna Seubert
The Christine Center
W8303 Mann Road
Willard, WI 54493

Email: j.seubert@tds.net

References and Emergency Contacts

Please provide two references.

Name _____ Relationship _____ Years Known _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

Name _____ Relationship _____ Years Known _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

Emergency Contacts: Please provide emergency contact information in the order of preference.

Name _____ Relationship _____ Years Known _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

Name _____ Relationship _____ Years Known _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____