

1750 S. Brentwood Blvd. • St. Louis, Missouri 63144

314-909-4620 • Fax: 314-968-3176

stlconsult.org • information@stlconsult.org

**Candidate Questionnaire**

This reflection is an important part of the candidate evaluation process. The information you provide will help us understand who you are: your background, experiences, and spiritual journey. What you write will be treated with respect and confidentiality. This means that it will only be shared with members of the evaluation team, and included as part of the written report and the oral feedback session. The questions are designed to help you describe your journey and the significant people and events you encountered along the way.

You are asked to be open, honest and non-judgmental as you complete this questionnaire. Do not worry about trying to place yourself in a more or less favorable light. Please try to be authentic as you tell us about your life. We appreciate your time and efforts in completing this questionnaire and thank you for your cooperation.

Name:

Date of Birth:       Age:

Address:

Email Address:

Cell Phone:       Home Phone:       Business Phone:

Place of Work:       Occupation:

Race/Ethnic Background:

Contact Person in the religious community/diocese:

Address:

Phone:       Email:

**SECTION I: Family History**

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| 1. Were you raised by your biological parents? If not, by whom? |  |
| 2. Are your parents still living? If not, when and how did they die?  3. If one or both of your parents worked outside the home, please describe their occupations. |  |
| 4. What was the nature of discipline in your home? |  |
| 5. Did either of your parents abuse alcohol or any other drug? |  |
| 6. How many brothers and sisters did you have, and what was your place in the birth order?  7. Do your siblings have any major mental health problems (drug addiction, alcoholism, depression, anxiety, and/or mental illness?)  8. Have you ever received counseling or in-patient treatment for these concerns?  9. Briefly describe your experience of life in childhood.  10. Describe your parents’ relationship with each other and their relationship with you.  10. Please describe your current relationships with parents and siblings. If siblings have died, please list years and causes of death. |  |

SECTION II: Social, Sexual, and Dating History

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| 1. Describe your social relations with peers and teachers in elementary and high school.  2. Describe your dating experience, if any. When did you begin dating? How would you describe the experience?  3. When and how did you learn about sex? How comfortable were you and your family with this subject?  4. What are your current sources of social support? How helpful are these to you? How successful do you feel in developing and maintaining close relationships in your life?  5. Are there persons in your family, educational, professional or social circle, who make your life especially difficult? Describe.  6. How comfortable are you with your sexuality? Do you feel you have any compulsive sexual behaviors? Describe any aspect of your sexuality or sexual life which leads to guilt or shame.  7. Have you ever experienced sexual abuse? If so, when and for how long? |  |

**SECTION III: Descriptions of Self**

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| 1. Describe your sense of yourself at this time.  2. What is the source of your greatest happiness? Unhappiness?  3. What do you see as your principal strengths? Shortcomings?  4. What would you describe as your most significant accomplishments?  5. What would you identify as your most frustrating experience in life so far?  6. Have you recently experienced any losses or sources of grief?  7. Is there anything about yourself or your history that would be helpful for us to know, or matters which would not be obvious to a casual acquaintance or even to a moderately good friend?  8. How do you spend time outside of school/work? How would you like to be spending your free time?  9. If there is one thing in your history that you could change, what would it be?  10. List five adjectives that best describe you. |  |

# SECTION IV: Habits

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| 1. Describe your use of alcohol. How much and how often do you drink? Was there a time in your life when you drank more or less?  2. Please answer the following. If you answer “yes,” please describe:   * Have you ever felt that you should cut down on your drinking? * Have people ever angered or annoyed you by criticizing your drinking? * Have you ever felt bad or guilty about your drinking? * Has drinking ever been associated with other problems? * Have you ever taken a drink to calm your nerves in the morning? * Have you ever not remembered something that occurred when you were drinking? * Have you ever gotten drunk when you did not intend to do so? * Do you drink alcohol on a daily basis? * Does your use of alcohol prevent you from pursuing other forms of recreation, relaxation, or other relationships?   3. Do you engage in any other kinds of behavior, such as eating, exercise, spending, or gambling, which might be described as addictive?  4. Have you ever used an illegal substance for the purpose of altering your consciousness? If so, when and how often?  5. Do you engage in any regular form of exercise?  6. Describe your patterns of sleep. Do you take any medication for sleep?  7. Describe your eating habits. Do you binge or purge? Have you experienced significant weight gain/loss in the past year?  8. Have you ever been in legal trouble?  9. Do you smoke or use any tobacco products? |  |

**SECTION VI: Education**

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| 1. Please list any advanced degrees which you hold, the nature of your studies, and the dates and institutions from which they were granted.  2. Please describe other training or CPE experience. |  |

SECTION VII: Occupational History

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| 1. List in chronological order your work/ministry history. Include dates and reasons for changing.  B. What is your current position? How long have you held it? How satisfied are you with it? What are the most satisfying aspects of it and the most frustrating?  C. How do you get along with your colleagues at work? How do you get along with your supervisors/superiors?  D. What would you like to be doing occupationally in ten years? |  |

**SECTION VIII: Spirituality**

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| 1. Did your family have a religious affiliation? If so, what was it and to what extent did your family actively participate in a faith community (parish, congregation, informal group, etc.?) |  |
| 2. If you have a different religious affiliation now than you did as a child, what moved you to change affiliations? |  |
| 3. What were the regular religious practices in your family? |  |
| 4. What was your childhood experience of God? How did this influence you? |  |
| 5. Who was influential in helping you develop your faith? |  |
| 6. Describe a significant experience that strengthened your faith and trust in God. |  |

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| 7. When did you first experience a sense of call to ordination and/or to religious life? |  |
| 8. What attracted you to respond to this call? Who and what influenced your choice to respond? |  |
| 9. What other options did you explore? |  |

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| 10. When did you first become aware of God in your life? |  |
| 11. How has your experience of God evolved over the years? |  |
| 12. Complete this sentence:  “My relationship with God is like…” |  |
| 13. Describe a time when you felt close to God and a time when you felt some distance from God.  14. Describe your usual manner of praying.  15. What other religious practices support your spiritual life?  16. What form of prayer most nurtures your relationship with God?  17. What place, if any, does Scripture have in your life?  18. What personal gifts would you bring to ministry?  19. Describe an early life experience of being part of the Church.  19. What is your experience of being part of the Church today?  20. Have these experiences contributed to your spiritual life? If so, in what ways?  21. How do you feel about assuming a public role in the Church (as a priest and/or religious?)  22. Are you currently in spiritual direction? If so, what has been your experience of this? |  |

**Thank you for your efforts and cooperation.**