



COMING OF AGE

Turn this in at COA Table or mail to:
Youth & Family Ministry-COA
Center for Spiritual Living – Seattle
2150 N 107th St, Suite 500
Seattle, WA 98133

SPIRITUAL COMPANION INFORMATION FORM

NAME _____ GENDER _____ DATE _____
Optional: preferred pronoun (e.g., he/him. She/her, they/them) _____

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 \$200.00 non-refundable deposit due at the time of acceptance. The total amount of \$600.00 is due on or before October 27, 2019.

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 _____

