

I.

Request for a Spiritual Assistant

LOCATION of OCDS Community: _____
City/Town and State where OCDS meeting is held

Religious Title of Community: _____
(Optional)

Name of Proposed Spiritual Assistant: _____

Address: _____

City, State, 9 Digit Zip Number:

Tel/ Email: (Phone/ Cell) _____ (E-mail) _____

_____ I have obtained written/oral permission from my Superior to perform this function

Signature: _____
(Date)

After reviewing the job description of a Spiritual Assistant (*Constitutions*, ¶44) with the individual, send or give this application to your **Provincial Delegate** for approval.

Northeast: Fr. Paul Fohlin, O.C.D.
Carmelite Monastery
166 Foster Street
Brighton, MA 02135

Mid-Atlantic: Fr. Regis Jordan, O.C.D.
Carmelite Monastery
2131 Lincoln Road NE
Washington DC 20002-1101

Mid-West & Florida: Fr. John Grennon, O.C.D.
Holy Hill
1525 Carmel Road
Hubertus WI 53033

10/10/10