

The Anawim Community of Frenchville, Pennsylvania
P.O. Box 35, Frenchville, PA 16836

www.anawimcommunity.org Phone: 814-263-4855 Email: anawimco@gmail.com

ANAWIM ASSOCIATE APPLICATION

Name: _____ Date of Birth: _____
Address: _____

Home phone: _____ Email: _____
Cell Phone: _____

Faith Denomination or Background: _____

How have you been associated with the Anawim Community? (i.e. past volunteer, retreatant, family, benefactor, local supporter, friend, etc.) _____

What attracts you to want to become an Anawim Associate? _____

What are your hopes for your experience as an Anawim Associate? _____

What current spiritual or prayer practices do you find helpful for your life at this time? Are there any specific ways you hope to grow spiritually? _____

Would you (likely) be able to attend the twice a year Anawim Associate Meetings in person or are you interested in a distance learning option? Please check your answer.

Likely able to attend: ____ Both meetings a year ____ One meeting a year

Likely unable to attend: ____ Definitely need distance learning option

Unsure: ____ Will attend if possible, but if not able will need distance option

Signature

Date

(Please mail back to the Anawim Community at the address in the header)