

Name _____



COMMUNITY CHURCH FOR SPIRITUAL GROWTH

Application to Join The Spiritual Teachers Program

I have read and understood the description of the Spiritual Teachers Program at the San Jose Psychic Institute and I want to join. I am physically and mentally able to participate in all the described activities including extended periods of prayer and meditation.

The mental and spiritual tools and techniques taught at the San Jose Psychic Institute and Community Church for Spiritual Growth are spiritual practices, which can be referred to as a form of prayer. I understand that they do not constitute medical treatment or mental health treatment, and that they do not substitute for medical, psychiatric, or psychological treatment in any way. I am / am not (please circle one) currently under the care of a physician or mental health professional. (If you are, please briefly describe why, and give your doctor's name and contact information

_____.)

In order to help defray the cost of providing me with the training I will receive, I pledge to donate to The Community Church for Spiritual Growth either (please check one):

A lump sum of \$3,000.00

A total of \$3,000.00 on this schedule:

An initial donation of \$700.00 on or before the day my program begins,
And \$230.00 per month for 10 months, beginning the month after my
initial donation.

Should I choose to extend my training program beyond one year (twelve months) by completing my program activities later than one year after my start date, I further agree to make **additional donations of \$100.00 per month** for each month or part of a month until my program is completed.

I am a member of The Community Church for Spiritual Growth. I am hereby applying to join the Spiritual Teachers Program. I understand that my application will be evaluated and is not accepted automatically, and that my director will relay word of its status within a few days.

Signed _____ Date _____

Printed Name _____

Email _____ @ _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Received by _____ Date _____

Printed Name _____

Position at
CCSG _____

This section to be completed by staff

Clairvoyant Program start date: _____

Projected completion date: _____

In Case Of Emergency

Printed Name _____

In case there is an emergency involving your health, natural disaster, or other unforeseen events, the staff of CCSG & SJPI would like to know who you would want to contact or inform. In case of emergency please contact:

Name _____

Relationship _____

Email _____ @ _____

Home Phone _____

Cell Phone _____

Work Phone _____

In case of emergency please also or alternatively contact:

Name _____

Relationship _____

Email _____ @ _____

Home Phone _____

Cell Phone _____

Work Phone _____

Pledge Plan

I pledge to donate to The Community Church for Spiritual Growth the following amounts on the indicated time schedule. I understand that these donations are not payment for any product(s) or service(s) received but rather free-will donations. I understand that my donations may be used, in whole or in part, to defray the cost of providing me with certain training and experiences associated with the Spiritual Teachers Program, or may be used for some other purpose that benefits the church.

Amount	Month	Year
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

Signed _____ Date _____

I understand that The Community Church for Spiritual Growth is a spiritual non-profit 501(c)(3); Therefore: my pledge of \$3,450 has a strict no refund policy. I have secured the opportunity for myself to participate in a one year training program thus giving myself

the blessing of an intangible spiritual benefit. My contributions made to the Community Church For Spiritual Growth may be tax deductible. It is recommended that I check with a tax adviser.

As a member of the Community Church for Spiritual Growth, I am in agreement with its creed, which is:

“We are free. We are free to learn and grow; free to make choices and be responsible for the choices we make. We are immortal beings, each with our own unique path through many lifetimes of learning. We are part of a larger whole and all of creation teaches us and supports us on our journey. We create our own reality and have the ability to manifest our intentions in the physical world. As embodied spirits, we foster growth, change and wholeness through the practices of meditation, spiritual healing, prayer, and clairvoyance. Our practice, inspired by the world's spiritual and mystic traditions, leads us to knowledge of our true selves, the capacity to see and understand others and to know that we are part of the Divine consciousness manifest as the universe.”

Signed _____ Date _____

Printed Name _____

Thank you for supporting the Community Church for Spiritual Growth. We are a welcoming spiritual community that engages in the practice & teaching of psychic tools, meditation, clairvoyance, and healing. Our spiritual sanctuary is maintained entirely by donations such as yours.

The Community Church for Spiritual Growth is incorporated in California as a non-profit religious corporation under section 501(c)3.

The members of the Community Church for Spiritual Growth are bound by shared spiritual beliefs, practices, values and goals. Neither the church nor its seminary, the San Jose Psychic Institute, discriminates against any individual on any basis which is enumerated in federal, state or local law, or in its agreements with any public entity, including but not limited to race, religion, color, gender, sexual orientation, age, national origin, disability, family structure or veteran status.