



2023 Facilitator Training Application

Please respond to the following and return to:

Bobbi Bussan, OSB
Executive Director
2200 88th Ave. W.
Rock Island, IL 61202

bbussan@boundlesscompassion.org

Name: _____ Email: _____

Address: _____ Zip: _____

Phone: (mobile) _____ (Home or Office): _____

Dates of 4-day BC Retreat you attended (or plan to attend): _____

Location: _____

Faith affiliation or spiritual practice: _____

Profession: _____

Current ministry (or if retired, volunteer positions): _____

Person to be contacted in case you might have a health emergency at the workshop:

Name _____ Phone: _____

1. How would you describe or define “compassion?”

2. What talents, skills, and lived experience regarding compassion do you bring to this workshop?

3. What do you hope to receive from this training?

4. Concerns or hesitations about attending the training:

5. BC Facilitators will be expected to develop a plan to use their training. How do you envision putting the training into practice in the future?

6. How much experience do you have with virtual platforms such as Zoom, Facetime, WhatsApp, etc.

7. Are you comfortable facilitating groups, such as a study group or a Circle of Compassion gathering?

8. How much experience do you have in organizing and leading a meeting?

9. Describe yourself in 350 or less words: _

10. Anything else you would like to share in regard to the training workshop or for leading Boundless Compassion programs in the future?

Date: _____