

## FORMATION PROGRAM FOR SPIRITUAL DIRECTORS

P.O. BOX 509, INGRAM, TX 78025-0509 (830) 367-5959

## **RECOMMENDATION FORM**

Please be as concise as possible; use additional pages if necessary.

PASTOR: RELIGIOUS SUPERIOR:

Applicant:	Date:			
Recommended by:				
Relationship to the applicant:				
How long have you known the applicant and in what capacity?				
What have you observed in the applicant's interpersonal relationships that would support your positive recommendation or cause concern about his or her ability to be an effective spiritual director?				
What are the applicant's ministerial qualities? Is your assessme observation of the applicant?	ent based on frequent or occasional			

In your opinion, is this	person a good listener?	Yes:	No:	
If there were an opporte about such collaboratio	unity to collaborate with the an? Please explain.	pplicant in mini	stry, would you	be enthusiastic
Please make additional formation program for	comments that would be help spiritual directors.	ful in considerin	ng this person a	s a participant in a
Recommend:	without reservation	with reserva	ation ca	nnot recommend
Print name	Signature		Da	nte

Please submit this form by sending it via email to dorothy@stpeteruponthewater.org. Thank you for taking the time to assist our process. If you have additional comments, please call Dorothy Cass or Mary Barbara Gold at (830) 367-5959.