

ST. PETER UPON THE WATER FORMATION PROGRAM FOR SPIRITUAL DIRECTORS
P.O. BOX 509, INGRAM, TX 78025-0509 / 830 367-5959

RECOMMENDATION

PASTOR

Please use additional pages if needed.

Applicant _____ Date _____

Recommended by _____ Phone number _____

Relationship with 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 have you identified as the applicant's ministerial gifts? Is your assessment based on frequent or occasional observation of the applicant?

In your experience, is this person a good listener?

If there were an opportunity to collaborate with the applicant in ministry, would you be enthusiastic about such collaboration? Explain.

Please make additional comments that would be helpful in considering this person as a participant in a formation program for spiritual directors.

Recommend: ___ without reservation ___ with reservation ___ cannot recommend

Print name

Signature

Date

Please return to the address at the top of the document. Thank you for taking the time to assist our process. If you have additional comments, please call Bishop Mike Boulette at 830 367-5959.

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