

Ministry Formation Recommendation

Date: _____

Name of Applicant: _____
first middle last

Recommenders Name: _____

Address: _____

Phone: _____

 Parish / Ministry Location City

In what capacity do you know the applicant?
 ___ Pastor/Supervisor ___ Co-Worker ___ Friend ___ Program Participant ___ Other

How long have you known applicant? _____

Quality	No basis for evaluation	Above Average/High	Average	Evidence of Growth	I have Concerns
Intellectual Ability					
Oral Expression					
Written Expression					
Balanced Emotional Expression					
Interpersonal Skills					
Leadership skills					
Listening skills					
Balanced Faith Expression					
Positive sense of church					
Dependability					
Ability to handle conflict					
Initiative/Self-Motivated					
Integrity					
Collaborator/Team Player					
Gives evidence of a mature understanding of sexual attitudes and demonstrates appropriate boundaries					

What gifts, talents and strengths does this person bring to ministry?

What areas for growth or challenges do you see?

Have you had the occasion to share your concerns, if any, with this person directly? _____

Would you recommend applicant for ministry leadership? ___ Yes ___ Yes w/ reservation ___ No

Additional Remarks:

Signature: _____ Date: _____