

## IMMACULATE CONCEPTION CENTER SCHOOL OF SPIRITUAL DIRECTION THROUGH FRANCISCAN UNIVERSITY OF STEUBENVILLE

## Applicant Name\_

The above-named person has made an application for admission to the School of Spiritual Direction at the Immaculate Conception Center and requests that you complete this reference form.

In order for us to consider his/her application, it is necessary for you to submit this reference form. Your honest and candid evaluation will be very much appreciated. Your comments will be held in strict confidence by the School of Spiritual Direction program and will not be shared with the applicant.

## PLEASE SEND YOUR COMPLETED REFERENCE TO:

Dan Shaughnessy School of Spiritual Direction Immaculate Conception Center 600 Liberty Hwy Putnam, CT 06260

ELECTRONICALLY: Email: <u>admin@immaculateconceptioncenter.org</u> (with attachments)

If you have any questions regarding this form, contact the Site Director, Dan Shaughnessy: 860-928-7955, <a href="mailto:admin@immaculateconceptioncenter.org">admin@immaculateconceptioncenter.org</a>

(Please type or print legibly. The questionnaire begins on page 2).

How long have you known the applicant? How well and in what context do you know the applicant?

What is/was your relationship to him (e.g., relative, employer, fellow worker, neighbor, friend, etc.)?

Do you have any concerns about the applicant's ability to fulfill their responsibilities as a spiritual director without harming their marital and/or family life?

Is there anything about the applicant's history that concerns you regarding their ability to function as a representative of the Catholic Church?

What is your understanding of the applicant's prayer and sacramental life?

Do you know of any history of emotional disorders, substance abuse, abusive relationships, or criminal arrests/indictments/convictions that might impede or hinder the applicant's ability to serve as a representative of the Catholic Church?

What special talents, capabilities and/or strengths does the applicant possess which would be of value to the Church?

What limitations or weaknesses, if any, does the applicant have that might hinder their ability to perform in service to the Church?

How would you rate the applicant on the following characteristics? (Please select one answer for each category).

Honesty/Integrity	□ Above average	□ Average	□ Below Average	🗆 Don't Know
Reliability	□ Above average	□ Average	□ Below Average	🗆 Don't Know
Ability to Listen	□ Above average	□ Average	□ Below Average	🗆 Don't Know
Human Relations Skills	□ Above average	□ Average	□ Below Average	🗆 Don't Know
Intelligence	□ Above average	□ Average	□ Below Average	🗆 Don't Know
Speaking Skills	□ Above average	□ Average	□ Below Average	🗆 Don't Know
Moral Values	□ Above average	□ Average	□ Below Average	🗆 Don't Know
Faithfulness Practicing the Catholic Faith	□ Above average	□ Average	□ Below Average	🗆 Don't Know
Confidentiality	□ Above average	□ Average	□ Below Average	🗆 Don't Know
Ability to Handle Life Situations	□ Above average	□ Average	□ Below Average	🗆 Don't Know

Considering all that you know about the candidate and their personal characteristics, family life, and motivation for becoming a spiritual director, what is your overall evaluation of the candidate? The candidate is – (Please choose one) Top notch \_\_\_\_\_ Very good \_\_\_\_\_ Acceptable \_\_\_\_\_ Not recommended \_\_\_\_\_

Please explain below:

Thank you for taking the time to fill out this reference form. Please provide your information below:

Your name:

Your mailing address:

Your email address:

Phone number:

Signature:

Date:

