

Recommendation Form *Emmaus Institute for Ministry Formation*

To be completed by someone not related to you who can attest to character and personal commitment.

Name of Applicant: _____

Recommender's Name: _____

Recommender's Mailing Address: _____

Recommender's Phone: _____ Recommender's Email: _____

How long have you known the applicant? _____

Please fill out the table below based on the time you have spent with and your knowledge of the applicant.

Quality	No Basis for Evaluation	Above Average	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 or talents does the applicant bring to ministry?

What areas of growth or challenges do you see?

Would you recommend the applicant for ministry leadership? ___ Yes ___ Yes, with reservation ___ No

Signature: _____ Date: _____