



FRANCISCAN VOLUNTEER MINISTRY

P.O. Box 29276 Philadelphia, PA 19125 215/427-3070 Fax: 215/427-3059 e-mail: fvmpd@aol.com

SPIRITUAL REFERENCE

Applicant's Name _____

To the Applicant: Please check one of the following statements:

_____ I waive my right of access to this reference form.

_____ I do NOT waive my right of access to this reference form.

Signature of Applicant _____

Name of Reference (Please Print) _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

To the Reference: The Franciscan Volunteer Ministry seeks mature, well-balanced and spiritually motivated men and women to work with the Franciscans of the Holy Name Province. Because of the community aspect of our program, it is very important that we receive an honest evaluation of the applicant's personality, capabilities, strengths, and weaknesses. No applicant will be judged on the basis of a single reference. Please feel free to omit any questions you do not feel qualified to answer.

Please return this reference form to the program address above in a sealed envelope with your name signed across the sealed flap. Please keep a copy of this completed form for your records in case this reference is lost in the mail. Thank you for your candid comments. Please type or print clearly in black ink.

1. How long, how well, and in what capacity have you known the applicant?

2. What are the applicant's strengths?

3. What are the applicant's weaknesses?

4. Give an example reflecting the applicant's typical reaction to situations of conflict.

5. How would you describe the applicant's level of faith?

6. How integrated is the applicant's faith with his/her life?

7. How motivated by faith and religious values is the applicant? Explain.

8. Is the applicant genuinely concerned about other people? How integrated with the applicant's faith is his/her concern for others?

9. Is the applicant an active member of a faith community?

10. How open is the applicant to praying with others?

11. Are you aware of any psychological or physical reasons that would indicate that this person might not be suited for this program? _____ If yes, please explain.

Overall, how would you rate the applicant?

- | | |
|--------------------------------|--------------------------------------|
| ___ Exceptional, a rare find | ___ Recommend, no strong feelings |
| ___ Very Good, no reservations | ___ Might be okay, some reservations |
| ___ Good, better than many | ___ Weak, should be discouraged |

List **three** adjectives that best describe the applicant:

Circle the number that best describes the applicant in the following areas (five being the highest).

CHARACTERISTICS

COMMENTS

Health, Stamina	1	2	3	4	5
Presentability	1	2	3	4	5
Self-confidence	1	2	3	4	5
Sense of Humor	1	2	3	4	5
Social Maturity	1	2	3	4	5
Ability to Get Along with Others	1	2	3	4	5
Emotional Stability	1	2	3	4	5
Common Sense	1	2	3	4	5
Dependability	1	2	3	4	5
Sensitivity to Others	1	2	3	4	5
Tact	1	2	3	4	5
Ability to Make Decisions	1	2	3	4	5
Initiative	1	2	3	4	5
Creativity	1	2	3	4	5
Flexibility	1	2	3	4	5
Acceptance of Criticism	1	2	3	4	5
Effective Use of Time	1	2	3	4	5
Ability to Express Feelings	1	2	3	4	5
Ability to Work with Others	1	2	3	4	5
Ability to Work Alone	1	2	3	4	5
Leadership	1	2	3	4	5
Ability to Work Under Pressure	1	2	3	4	5
Ability to Adapt to New Situations	1	2	3	4	5
Knowledge of Own Limits	1	2	3	4	5
Caring for Own Needs	1	2	3	4	5
Seeking Integration of Faith with Own Life	1	2	3	4	5
Openness to Different Expressions of Faith	1	2	3	4	5

Additional Comments:

Signature

Date