



RENOVARÉ

PASTORAL REFERENCE

Applicant's Name (print) _____

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is understood that the recommendations will remain confidential. Please mark the appropriate phrase below indicating your option and sign your name.

I waive my right to review this recommendation.

I do not waive my right to review this recommendation.

Applicant's Signature _____

Date _____

To the reference: The above named applicant is applying for admission to the Renovare Institute for Christian Spiritual Formation. The Admissions Committee would appreciate your frank evaluation of the applicant's spiritual commitment, maturity, and motivation.

How long have you known the applicant? _____ Years _____ Months

How well do you know the applicant? Very Well Well Not Very Well

Please provide comments on the following areas in which you have sufficient knowledge of the applicant.

In what way are you acquainted with the applicant and his or her ministry?
What is your personal appraisal of the applicant's gifts, calling, and actual work as a spiritual life guide for others? (Please note that "spiritual guide" implies to attending specifically to people's prayer felt relationship with God, spiritual experiences, callings, etc.)
Can you relate any comments from other people regarding the applicant's gifts and abilities as a spiritual guide?

What is your opinion of the applicant's psychological maturity and stability?
What is your appraisal of the applicant's personal spiritual maturity and practice? How would you characterize this person's relationship with God?
How would you characterize this person's relationship with his/her family and friends as well as with those to whom he/she ministers?
Would you have any hesitation in referring someone to the applicant for spiritual guidance? Have you actually done so or know of others who have?
Please mention at least one area of the applicant's life or work that you feel is in need of growth.
Name some characteristics showing suitability for this ministry.
What are the strengths of this person? What are the weaknesses of this person?

I recommend
 I do not recommend
 I recommend with reservation*

* You may provide additional information regarding the applicant on a separate sheet.

Name (print) _____
Address _____
Signature _____ Date _____

Thank you for your time in completing this reference. Please return this form to:
RENOVARE Institute for Christian Spiritual Formation
8 Inverness Drive East, Suite 102
Englewood, CO 80112-5624
(706)498-7595
pam@renovare.us