**A picture containing object

Description generated with high confidence3. Character Reference Form**

**To Whom It May Concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Applicant Name) is applying for admission to the Transformation Listening Center. He/She is seeking to be trained as a spiritual director and we would like your frank evaluation of the applicant’s qualifications. Please complete the following including your personal evaluation of the applicant's qualifications. All information provided is confidential.

What is your relationship to the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the applicant? Years \_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_

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

In your comments please take into consideration the applicants: Maturity, emotional stability, integrity, interpersonal relationship skills, tolerance of differences, ability to accept and act on constructive comments and suggestions, self-discipline including the ability to complete tasks and achieve goals, and potential for leadership. Also include any knowledge you may have of the applicant’s spiritual journey.

What have you observed to be applicant’s greatest strengths?

What have you observed to be the applicant’s greatest weakness?

Other Comments:

You may provide additional information regarding this applicant here:

I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_ I do not recommend \_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your time and careful consideration in completing this form. Please return this form to the address in our footer.