



RECOMMENDATION FORM

Applicant's Name _____

Please indicate your confidence in recommending this person to the Ministry Formation Program:

- | | |
|--|--|
| <input type="checkbox"/> Recommend strongly | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with reservations | <input type="checkbox"/> Not Recommend |

I recommend this person because of: (check all that apply)

- present involvement with parish or ministry
- dedicated to prayer and the spiritual life
- gifts and talents he/she possesses
- other: _____

How long have you known this person? _____

What strengths have you observed in this person that are important in ministry? _____

In what ways might this person become more effective in ministry? _____

Other comments: _____

Your name (please print): _____

Signature _____ Date _____

Parish _____ Phone _____

Will the parish be paying the annual program fee? Yes No, please bill applicant.

Please mail this form in a sealed envelope to:

**Diocese of Davenport
Office of Faith Formation - MFP
780 W Central Park Avenue
Davenport IA 52804**