

CONFIDENTIAL FORMATOR RECOMMENDATION FORM

TOGETHER: A Collaborative for Theological Education, Formation, and Community



Applicant's name _____

*In order to be of the most effective service to the person named above who seeks to be part of **Together**, we ask that you respond fully and carefully to the questions below. If needed, the second page provides space for additional comments.*

Does she or he have good physical health? YES NO
If there is need for any special physical care, note it specifically.

Does she or he have good mental health? YES NO
If there is any emotional instability, alcohol or chemical dependency, or instances of sexual activity with minors or adults, note it specifically.

What do you consider the applicant's greatest strengths for community and religious life?

What do you consider the applicant's areas for ongoing growth?

How do you envision the applicant's continuing formation in **Together**?

Describe any commitments, programs, or responsibilities the participant would have with his/her province/congregation during his/her time with the **Together** program.

What type of communication between the **Together** program and the congregation/province would be most helpful?

Is there anything specific about the applicant that is helpful or important to know?

Print Name _____ Position _____

Email: _____ Date: _____

Please email completed form to: czaker@ctu.edu

Christina R. Zaker, DMin, Program Liaison

Space for additional comments, as needed: