

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 Writer: Visitation Internship Program seeks mature, well-balanced and spiritually motivated men and women to work with the Visitation Sisters of Minneapolis. 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. We want to be sure that the applicant and VIP will be a good fit for each other. No applicant will be judged on the basis of a single reference. 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. Thank you.

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?
