

4.3.2 Colleague in Ministry Recommendation Form



Member Organizations:
Federation of Diocesan Liturgical Commissions
National Association for Lay Ministry
National Association of Pastoral Musicians
National Conference for Catechetical Leadership
National Federation for Catholic Youth Ministry

COLLEAGUE RECOMMENDATION FORM

Applicants for the Alliance’s national certification process are required to secure three recommendations, including one from a supervising pastor (or equivalent), and two from colleagues in ministry who have observed the applicant in ministry). Be assured that your responses will be held in the strictest confidence.

Thank you for your responses to the following:

1. Name of applicant for admission to the ACLEM certification process:

| | | |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

2. Your name:

| | | |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

3. Your title: Father Sister Brother Mr. Mrs. Miss Ms. Dr.

Other _____

4. Parish or institution: _____

5. How long have you known this person professionally? _____
Personally? _____

6. If you do not have sufficient knowledge of the applicant to complete this form please initial here and leave the remainder of the form blank. Initial here: __

7. May we contact you to follow up if necessary? yes no

8. Your mailing address:

9. Phone: (_____) _____

10. E-Mail Address: _____

11. Fax: (_____) _____

Please respond to the following:

1. Describe your working relationship with the applicant, including how long you have been a colleague.
2. List capacities in which you have observed this applicant serve. (Address the level of responsibility and leadership demonstrated by the applicant for each.)
3. What have you observed that would indicate that this person is competent for ministry?
4. Describe some of the applicant's strengths in ministry.
5. How might the applicant further develop in ministry?
6. Any concerns or reservations you have about the applicant:
7. Additional comments about the applicant:

Choose one:

- Highest recommendation
- Strong recommendation
- Recommend with no reservations
- Recommend with reservations (please explain)
- Do not recommend (please explain)

Signature: _____ Date: _____