



Diocese of Oakland
Department for Evangelization and Catechesis

School for Pastoral Ministry

RECOMMENDATION FORM

Name of Applicant _____

The applicant named above requests that you prepare this recommendation for his/her application to the School for Pastoral Ministry. Please complete the form and return it directly to the mailing address below **no later than December 10:**

School for Pastoral Ministry
Diocese of Oakland
2121 Harrison St., Suite 100
Oakland, CA 94612

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1. I know the applicant:
 Very well Somewhat Not at all
 2. I have known the applicant for _____ years
 3. To my knowledge, the applicant is involved in church activities:
 A great deal Occasionally Not much Do not know
 4. What special talents or capabilities does the applicant have that would be of value in ministry?

 5. Would you encourage the applicant to enter into the School for formal training as a ministerial leader?
 Yes No Uncertain
 6. Would you welcome this applicant to give ministerial leadership in your parish, deanery or agency?
 Yes No Uncertain
 7. How would you evaluate the applicant as a leader?
 Strong Enthusiastic Indifferent
 Timid Aggressive Passive

