



OBLATE
SCHOOL OF THEOLOGY

PASTOR'S RECOMMENDATION FORM

Applicant's Name: _____

Parish; _____

Pastor name: _____

Address: _____ **City:** _____ **State** _____

Email address: _____ **Telephone No.:** _____

1.) How long have you known this individual? _____

2.) In what capacity or circumstance?

3) In your opinion what are the applicant's ministry gifts?

**3.) Please name the strengths you have observed in this individual which would be helpful for the ACTS Spiritual Companion Formation Program
ie. listening skills, compassion, etc..**

