



## DIocese of OGDENSBURG

### *Office of Formation for Ministry*

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• Fax: 866-314-7296

## **Pastors/Administrators Recommendation of Applicant for Formation for Ministry**

Applicant's Name: \_\_\_\_\_

1. How long have you known the applicant?

\_\_\_\_\_

2. How would you describe the applicant's understanding of service in the Church?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Identify what the applicant has been doing in service to the Church.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Comment on personal gifts of the applicant which prompt you to believe the applicant is suitable for ministry.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How would you describe the applicant's level of reliability/dependability/motivation?

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Emotional and physical health?

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6. Any additional comments or insights that might be helpful in evaluating this candidate.

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7. Have you and the applicant discussed the parish paying the yearly tuition for the program and the applicant being responsible for additional costs (eg. books, retreats, workshops)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

8. Please indicate whether or not the information on this form may be shared with the applicant during the interview process.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Your signature indicates you believe this person is a good candidate for the program and will be an asset as a parish lay minister.

Pastor's Signature: \_\_\_\_\_

Please return this form to: [crussell@rcdony.org](mailto:crussell@rcdony.org) (by saving the completed PDF to your computer and attaching in the email) or mail to:

Formation For Ministry PO Box 369 Ogdensburg, NY 13669