

SPIRITUAL FORMATION AND THE ART OF SPIRITUAL DIRECTION

SPIRITUAL/PASTORAL RECOMMENDATION

Dear Applicant:

Healing Care Ministries is concerned with your professional, spiritual and personal development. Please request a letter of recommendation (1-2 pages) from someone you respect that knows you spiritually and can address your aptitude for ministry.

I waive the right to view this recommendation letter.

I reserve the right to view the recommendation letter.

Signed _____ Date _____

Please sign (typing = signing) above and e-mail this form to the person/group recommending you.

Dear Friend:

The individual who gave you these instructions is applying for the Certificate in Spiritual Formation and the Art of Spiritual Direction through Healing Care Ministries. A significant goal of the program is to help each applicant grow spiritually in addition to their growth related to the process of spiritual formation and direction.

To help us encourage and mentor this applicant, please write a 1-2 page letter (using the space below) describing:

1. The evidence of his/her faith in life
2. The potential for his/her spiritual growth
3. The impact of his/her spiritual influence
4. His/Her ability to actively listen and thoughtfully respond in their interpersonal relationships

Please send a digital copy of this form to the e-mail address listed below (save as "Spiritual-Pastoral Recommendation - Applicant's Name"):

direction@hcminternational.org

This recommendation is confidential and to be withheld from the applicant.

This recommendation may be shared with the applicant.

Signed _____ Title _____ Date _____

Thank you for participating in this process.

