

SPIRITUAL FORMATION AND THE ART OF SPIRITUAL DIRECTION

FAMILY/FRIEND 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 personally 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 recommending you.

Dear Family Member/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.

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

1. Your relationship to the applicant
2. Your evaluation of the applicant's relationship with the Lord
3. Your insight and observations regarding the applicant's gifts and how these gifts relate to their ability to actively listen and thoughtfully respond in their interpersonal relationships
4. Your opinion on the degree to which the applicant will receive support as he or she undertakes the process of certification

Please send a digital copy of this form to the e-mail address listed below (save as "Family-Friend 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.

