



# ELM

## Pastor Recommendation Form

Evangelizing Catechesis | Lifelong Formation  
Missionary Discipleship

### Contact Information

PASTOR NAME: \_\_\_\_\_

PARISH: \_\_\_\_\_

PASTOR EMAIL: \_\_\_\_\_ PASTOR PHONE NUMBER: \_\_\_\_\_

HOW LONG HAVE YOU BEEN AT THIS PARISH? \_\_\_\_\_

APPLICANT BEING RECOMMENDED: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

WILL YOU SERVE AS THE SUPERVISOR FOR THE APPLICANT'S MINISTERIAL INVOLVEMENT IN YOUR PARISH? (*Supervisors will be responsible for overseeing the applicant's involvement in a ministry of your parish. This will include meeting with the applicant at your discretion, as well as collaborating on written reflections.*)

YES       NO

IF NO: WHO WILL SERVE AS THE SUPERVISOR?

NAME: \_\_\_\_\_ ROLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOW LONG HAS HE/SHE BEEN AT THIS PARISH? \_\_\_\_\_

HOW LONG HAS HE/SHE KNOWN THE APPLICANT? \_\_\_\_\_

## Recommendation

IN WHAT WAYS HAS THE APPLICANT BEEN INVOLVED IN MINISTRY IN YOUR PARISH? DISCUSS THEIR EFFECTIVENESS.

---

---

---

---

---

HOW WOULD YOU DESCRIBE THE APPLICANT'S INTERACTION WITH OTHER PARISH STAFF/ VOLUNTEERS? WITH OTHER PARISHIONERS?

---

---

---

---

---

WHAT DO YOU SEE AS THE APPLICANT'S MINISTERIAL STRENGTHS? IN WHAT WAYS DOES THE APPLICANT NEED TO GROW?

---

---

---

---

---

ADDITIONAL COMMENTS WHICH MIGHT BE HELPFUL IN EVALUATING THIS APPLICANT:

---

---

---

---

---

## Attestations

CAN YOU ATTEST THAT THE APPLICANT IS A FAITHFUL AND PRACTICING CATHOLIC, WHO WILL WITNESS BY THEIR PUBLIC BEHAVIOR, ACTIONS, AND WORDS A LIFE CONSISTENT WITH THE TEACHINGS OF THE CHURCH?     YES             NO

HAVE YOU MET WITH THE APPLICANT TO DISCUSS THEIR PERSONAL GOALS RELATIVE TO THE MINISTERIAL NEEDS OF YOUR PARISH?     YES                             NO

UPON COMPLETION OF THE ELM PROGRAM, WILL THE APPLICANT HAVE A DEFINITE MINISTERIAL ROLE IN YOUR PARISH?     YES                             NO

## Personal Endorsement

I/we attest that the information enclosed within this application is honest and true, to the best of my/our knowledge. I/we accept that if any of it is found to be misleading or false, the applicant for whom it is written will not be considered for the ELM process in any iteration, nor will any future application be accepted.

This serves as my/our personal endorsement of \_\_\_\_\_, who is applying to the ELM Leadership Formation process.

-----  
Pastor Signature

-----  
Date

-----  
Supervisor Signature (if not the pastor)

-----  
Date

Please return signed and completed form via mail, fax, or email to:

Nicole M. Perone

Archdiocesan Director of Adult Faith Formation

Office of Education, Evangelization and Catechesis

467 Bloomfield Avenue

Bloomfield, CT 06002

860-243-9690 (fax)

nicole.perone@aohct.org