



CFDM SoCal
2122 Midvale Avenue
Los Angeles, CA 90025
cfdmsontherncalifornia.org

RECOMMENDATION FORM for

Certificate Program in Christian Formation and Spiritual Direction
[make copies as needed]

Name of Applicant _____

Kindly have this form filled out on a computer- not handwritten.
When completed, email this form along with your Application to:
carecrawford.cfdm@gmail.com

The above-named applicant has applied for admission to our two-year training program in spiritual formation and direction, with the goal of becoming a spiritual director. Please respond to the following questions with that in mind.

1. Name some characteristics showing suitability for this ministry:

2. What are the strengths of this person?

3. In what areas could this person grow?

4. How long have you known this person? In what capacity?

5. How would you characterize this person's relationship with God?

6. How would you characterize this person's relationship with his/her family and friends as well as with those to whom he/she ministers?

ADDITIONAL COMMENTS:

Your Name _____

Your Signature _____

Your Position _____

Your phone number _____ Your email _____

Date _____