

Certificate in Spiritual Formation Leadership

INSTRUCTIONS TO THE APPLICANT

Please complete the following before distributing the form.

NAME OF APPLICANT _____

Last

First

Middle

BIRTHDATE _____

TO THE APPLICANT: I understand this evaluation is to be received and maintained in confidence by Theodyssey for consideration for the Theodyssey Certificate in Spiritual Formation Leadership. I hereby expressly waive any and all rights I have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any or all other laws, regulations, or policies. I understand that the rights I have waived include, but are not limited to, the right to inspect and review this form; the right to have a copy of this form made for my use; and the right to request an amendment of this form.

I agree to waive access to this recommendation.

I do not agree to waive access to this recommendation.

Signature of applicant _____ Date _____

INSTRUCTIONS TO THE RECOMMENDER

The applicant named above has applied for the Theodyssey Certificate in Spiritual Formation Leadership and has requested that you provide a recommendation. We would be grateful if you would evaluate the applicant frankly by answering the following questions. Your insights will contribute significantly to the applicant's evaluation.

Theodyssey is a non-profit organization whose vision for this Certificate is to empower leaders as catalysts for authentic spiritual transformation. Workshops, assessments, and personalized coaching equip and train those desiring to be difference-makers for Christ.

Please note whether the applicant has agreed to waive access to your recommendation above.

To avoid delays in processing the application, please promptly mail or email (as a scanned attachment) this completed form to:

Ruth Peterson, Theodyssey Group, PO Box 5328, Englewood, CO 80155

Email: ruth@theodyssey.org

If mailing this form, please sign and seal the envelope.

TO BE COMPLETED BY THE RECOMMENDER

1. RELATIONSHIP TO THE APPLICANT

a. How long have you known the applicant? _____ Years _____ Months

b. How well do you know the applicant? Casually Well Very Well

c. Check the context(s) in which you know the applicant:

As a participant in a *Theodyssey Spiritual Formation Journey Group*

As a participant in a Theodyssey Short-Term Group

Other (please specify) _____

2. PLEASE ASSESS THE APPLICANT IN THE FOLLOWING AREAS BY CIRCLING A NUMBER FROM 1 TO 5 (WHERE 1 INDICATES THE BIGGEST GROWTH AREA AND 5 INDICATES THE GREATEST STRENGTH):

	Developing		Competent	Exceptional		Unknown
Prepared	1	2	3	4	5	?
Compelling Desire	1	2	3	4	5	?
Dependable	1	2	3	4	5	?
Available	1	2	3	4	5	?
Alive in Christ	1	2	3	4	5	?
Teachable	1	2	3	4	5	?
Emotional Maturity	1	2	3	4	5	?
Relational Maturity	1	2	3	4	5	?

Please share any insights into your response(s) above that would help us better understand the applicant.

3. PERSONAL EVALUATION OF THE APPLICANT *(Attach additional pages if needed. Please include specific examples wherever possible.)*

a. What insights can you provide to help the applicant grow as a leader?

b. What makes you confident this applicant is ready for the Theodyssey Certificate in Spiritual Formation Leadership?

c. Additional Comments *(optional)*:

RECOMMENDATION (Must be completed by the recommender)

Please check one of the following:

Recommend with enthusiasm Recommend Recommend, but with reservation Do not Recommend

Name of recommender (please print or type) _____

Address _____ City _____ State _____ Zip _____

Phone: Office () _____ Home/Mobile () _____ Email _____

Signature _____ Date _____

Thank you again for your contribution. Please see the first page for instructions on submission.