**Personal Reference**

**Diocese of Joliet**

In partnership with Franciscan University
of Steubenville School of Spiritual Direction

**School of Spiritual Direction**

***Applicant Name*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

The above-named individual has made an application for admission to the Diocese of Joliet School of Spiritual Direction and requests that you complete this reference form.

In order for us to consider this applicant, it is necessary for us to receive this completed form. Your honest and candid evaluation will be appreciated. **Your comments will be held in strict confidence by the Admissions Team and will not be shared with the applicant.**Please complete this form and return it no later than March 1, 2027 by U.S. Mail to **Diocese of Joliet-School of Spiritual Direction, Blanchette Catholic Center, 16555 Weber Rd., Crest Hill, IL 60403**. You may also scan it and email it to **SSD@dioceseofjoliet.org**. Thank you.

**(Please type or print legibly)**

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How well and in what context do you know the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is/was your relationship to the applicant (friend, relative, employer, colleague, neighbor, etc.?

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How well do you know the spiritual journey of this applicant, and what can you say about it? \_\_\_\_\_\_\_

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Do you have any concerns about the applicant’s ability to fulfill the responsibilities of a spiritual director without harming their marital and/or family life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything about the applicant’s history that concerns you regarding their ability to function as a representative of the Catholic Church?

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What is your understanding of the applicant’s prayer and sacramental life?

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Do you know of any history of emotional disorders, substance abuse, abusive relationships, criminal arrests, indictments, or convictions that might impede or hinder the applicant’s ability to serve as a representative of the Catholic Church?

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What special talents, capabilities and/or strengths does the applicant possess, which would be of value to the Church?

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What limitations or weaknesses, if any, does the applicant have that might hinder the ability to perform in service to the Church?

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How would you rate the applicant on the following traits? (Circle 1 answer for each category).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Honesty/Integrity** | Above Average | Average | Below Average | Don’t Know |
| **Reliability** | Above Average | Average | Below Average | Don’t Know |
| **Ability to Listen** | Above Average | Average | Below Average | Don’t Know |
| **Human Relations Skills** | Above Average | Average | Below Average | Don’t Know |
| **Intelligence** | Above Average | Average | Below Average | Don’t Know |
| **Speaking Skills** | Above Average | Average | Below Average | Don’t Know |
| **Moral Values** | Above Average | Average | Below Average | Don’t Know |
| **Faithfulness to Practicing the Catholic Faith** | Above Average | Average | Below Average | Don’t Know |
| **Confidentiality** | Above Average | Average | Below Average | Don’t Know |
| **Ability to Handle Life Situations** | Above Average | Average | Below Average | Don’t Know |

Considering all you know about the applicant’s personal character, family life, and motivation for becoming a spiritual director, what is your overall evaluation of the candidate?

|  |  |
| --- | --- |
| **5** | The applicant is a top-notch candidate. |
| **5** | The applicant is a very good candidate. |
| **5** | The applicant is an acceptable candidate. |
| **5** | I have reservations about the applicant being a spiritual director. (On the lines below, explain why you have reservations. |
| **5** | I would not recommend the applicant. Explain your reason(s) on the lines below). |

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Submitted on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Applicant’s Name**

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBMIT THIS REFERENCE FORM NO LATER THAN MARCH 1, 2027 BY

**U.S. MAIL TO:**
Blanchette Catholic Center
Office of Catechetical Formation/SSD
16555 Weber Rd.
Crest Hill, IL 60403

 **OR EMAIL** WITH A SCANNED COPY TO:

 SSD@dioceseofjoliet.org

 For questions and assistance, please call 815-221-6147.