

One Spirit LEARNING ALLIANCE

ONE SPIRIT LEARNING ALLIANCE Integral Mentoring & Ministry Program 2011 Letter of Recommendation *(Confidential)*

To the Applicant to Integral Mentoring & Ministry: Please complete your contact information and provide this form to your two References. **Submitting this form gives One Spirit admissions staff permission to contact your reference if clarifying or further information is needed.**

Reference: The person whose name appears below is applying for admission to One Spirit Integral Mentoring & Ministry Program that leads to ordination or a credentials in Integral Mentoring. Please fill out this letter of recommendation with that in mind. Thank you. Instructions for submitting this form are below.

Applicant

Name _____

Address _____

City, ST Zip _____

Phone _____

E-mail _____

Applicants signature _____

Reference

Name _____

Address _____

City, ST Zip _____

Phone _____

E-mail _____

Please add me (the reference) to the One Spirit mailing list

1. How long have you known the applicant? _____

2. In what capacity (e.g., as his/her teacher, minister, spiritual counselor, friend, etc.) _____

3. How would you characterize the applicant with regard to the following? Please be frank in your answers. This is a confidential letter intended to guide us in assessing the applicant's aptitudes and capacities for undertaking training in Interfaith Ministry or Interspiritual Counseling. Please check one box for each category listed below.

	Outstanding	Good	Fair	Poor, but Passable	Problem Area	Not Enough Info to Assess
Personal Honesty / Integrity / Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity / Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Own Spiritual Life / Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-expression (Conversational)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking Ability – Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability (Composition/Grammar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Name _____

Reference Name _____

4. Overall, how would you assess the applicant's potential for mentoring / ministry / service to the spiritual life and development of others?

5. Do you recommend this applicant for admission to the One Spirit Integral Mentoring & Ministry Program.

Yes, enthusiastically Yes

Yes, but with the following reservations: _____

No, I am unable to recommend this applicant for admission

6. ADDITIONAL COMMENTS:

Signature _____

Date _____

Submission Instructions

This is a confidential letter. One Spirit does not discriminate on the basis of sex, sexual orientation, age, race, color, national or ethnic origin, or disability. Please return this letter to One Spirit via ONE of the following means:

- Return to the applicant in a *sealed envelope* (write your name across the seal) to be returned by applicant, along with their application form
- Mail directly to:
Director of Admissions
One Spirit Learning Alliance
247 W. 36th Street, 6th Floor
New York, NY 10018
- Send via email to: **admissions@onespiritinterfaith.org** including the **applicant's full name and OSIS in the subject line of the message**
- Fax to 212-931-6841