



ARCHDIOCESE OF HARTFORD
 OFFICE OF RELIGIOUS EDUCATION
 467 BLOOMFIELD AVENUE
 BLOOMFIELD, CONNECTICUT 06002

**APPLICATION FOR LAY MINISTRY PROGRAM
 2008-2010**

RECOMMENDATION FOR LAY MINISTRY

_____ has submitted an

NAME

application to be part of the Lay Ministry Formation Program. In order to process the application, we would like to obtain your evaluation and recommendation of the candidate. Using the questionnaire below, please evaluate this applicant as honestly as possible. Complete this form and return it **directly** to the address listed below **no later than JUNE 30**.

Mary E. Marsan, M. Div.
 Office of Religious Education
 467 Bloomfield Avenue
 Bloomfield, CT 06002-2999

I HAVE KNOWN THE APPLICANT FOR _____ YEARS

1. My relationship to him/her is that of a...

2. How has this applicant been involved in the Church?

3. What are the leadership skills of this applicant ?

4. Why would you recommend the applicant to be part of this program

Name

Phone Number

Signature

Date