

THE MINISTRY OF SPIRITUAL DIRECTION:
A Program of The Center for Spiritual Formation, Inc.

333 S. Spring Garden Street, Carlisle, PA 17013

Telephone (717) 245-1512 ext. 1006

RECOMMENDATION FOR ENROLLMENT:

_____ is applying for enrollment in a training program of The Center for Spiritual Formation, Inc. called THE MINISTRY OF SPIRITUAL DIRECTION, which is a two-year course of biblical and theological instruction, self-assessment and practice in the care of souls.

Please complete this recommendation and return via email to msdregistrar@gmail.com or mail it to this address:

Lindsay Zubal, Registrar
The Ministry of Spiritual Direction
c/o The Center for Spiritual Formation, Inc.
333 S. Spring Garden Street
Carlisle, PA 17013

Your name, address, email address & telephone number:

How long have you known this person, and in what capacity? Describe him/her.

Do you recommend him/her for this course and the ministry of the care of souls?

Yes _____ No _____

Why or why not?

What evidence of a growing relationship with God do you see in him/her?

Do you believe s/he can sustain a commitment that involves prayer, study, self-reflection, peer review, the practice of the Spiritual Disciplines, and exposure to new ideas?

Other comments you may wish to provide.