

Pastoral Associate

For Leadership

2025-2026 Formation Program – Pastor Recommendation

Please return this form by September 30 to PAFormation@rcda.org or:

Pastoral Associate Formation Program
c/o Office for Discipleship Formation
40 N. Main Avenue
Albany, NY 12203

Office use only Date received _____
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(Name of applicant): _____ is applying to the Pastoral Associate for Leadership Formation Program in the Roman Catholic Diocese of Albany.

Whereas recognizing and calling individuals to church ministry is a serious responsibility, we gratefully ask you to complete this form or write a letter of recommendation that addresses the following questions about the applicant.

1. How long have you known the applicant? _____

2. Has the applicant been involved in church ministry (click on answer)? Yes No
If yes, please click appropriate boxes:

Bereavement

Catechesis Describe: _____

Eucharistic minister

Hospitality

Lector

Liturgy team Describe: _____

Music/choir

Pastoral Council

Sacramental prep

Service ministry Describe: _____

Visiting the sick

Youth ministry

Other Describe: _____

3. How would you describe the applicant's work style (for example: collaborative, reliable, inspiring, sporadic, follow through, tactful)?

4. How well does the applicant relate to others, including those with differing work styles?

5. How would you assess this person's ability to integrate new material, i.e., is he or she rigid or willing to re-examine new material?

6. Has the applicant exhibited or expressed interest in continuing formation? Yes No
If yes, please describe:

7. Do you believe that the applicant would be an asset to a parish or parish network? Yes No
Please give reason(s):

8. On what knowledge are your answers based? Personal knowledge Other sources
If any other sources, please explain:

9. Do you have any additional comments which you think might be helpful (please share):

Yes No

10. May we contact you with any further questions?

11. May we share your comments with the applicant?

Your name: _____

Email address: _____

Phone: _____

Postal address: _____

Signature: _____

Date signed: _____