

# Pastoral Associate

For Leadership

## 2024-2025 Formation Program – Pastor Recommendation

Please return this form by October 8 to [PAFormation@rcda.org](mailto: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)?

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

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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?

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

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

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

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

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Yes No

10. May we contact you with any further questions?

11. May we share your comments with the applicant?

Your name: 

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Email address: 

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Phone: 

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Postal address: 

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Signature: 

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Date signed: 

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