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**Guatemala Long-Term Ministry Reference Form**

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the Applicant: Please check one of the following statements:

\_\_\_\_\_ I waive my right of access to this reference form.

\_\_\_\_\_ I do NOT waive my right of access to this reference form.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

To the Reference: The Solidarity Partners Volunteer Program seeks well-balanced and spiritually motivated men and women to work with communities in San Marcos, Guatemala. It is very important that we receive an honest evaluation of the applicant’s personality, capabilities, strengths, and weaknesses. No applicant will be judged on the basis of a single reference. Please feel free to omit any questions you do not feel qualified to answer.

Please return this reference form to Attn: Fr. John Hynes, Saint Catherine of Siena Church, 2503 Centerville Road, Wilmington, DE 19808 in a sealed envelope with your name signed across the sealed flap. Please keep a copy of this completed form for your records in case this reference is lost in the mail. Thank you for your candid comments. For questions please contact Al Drushler at [aldrushler@gmail.com](mailto:aldrushler@gmail.com) or (302) 633-1977 or Father John Hynes at (302) 633-4915.

Please type or print clearly in ink.

1. How long, how well, and in what capacity have you known the applicant?

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2. What are the applicant’s strengths?

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3. What are the applicant’s weaknesses?

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4. Please make a statement concerning your overall impression of this person. Please include your appraisal of the type of influence this person will exert on others.

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5. Evaluate the applicant’s ability to live and work with others. What qualities might help or hinder the applicant?

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6. Describe the applicant’s style of getting things done. Give a brief example.

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7. Are you aware of any psychological or physical reason that would indicate that this person might not be suited for this program? \_\_\_\_\_\_\_ If yes, please explain.

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Overall, how would you rate the applicant?

\_\_\_ Exceptional, a rare find \_\_\_ Recommend, no strong feelings

\_\_\_ Very Good, no reservations \_\_\_ Might be okay, some reservations

\_\_\_ Good, better than many \_\_\_ Weak, should be discouraged

Circle the number that best describes the applicant in the following areas (five being best). NO=Not Observed

CHARACTERISTICS COMMENTS

Health, Stamina 1 2 3 4 5 NO

Presentability 1 2 3 4 5 NO

Self-confidence 1 2 3 4 5 NO

Sense of Humor 1 2 3 4 5 NO

Social Maturity 1 2 3 4 5 NO

Ability to Get Along with Others 1 2 3 4 5 NO

Emotional Stability 1 2 3 4 5 NO

Common Sense 1 2 3 4 5 NO

Dependability 1 2 3 4 5 NO

Sensitivity to Others 1 2 3 4 5 NO

Tact 1 2 3 4 5 NO

Ability to Make Decisions 1 2 3 4 5 NO

Initiative 1 2 3 4 5 NO

Creativity 1 2 3 4 5 NO

Flexibility 1 2 3 4 5 NO

Acceptance of Criticism 1 2 3 4 5 NO

Effective Use of Time 1 2 3 4 5 NO

Ability to Express Feelings 1 2 3 4 5 NO

Ability to Work with Others 1 2 3 4 5 NO

Ability to Work Alone 1 2 3 4 5 NO

Leadership 1 2 3 4 5 NO

Ability to Work Under Pressure 1 2 3 4 5 NO

Ability to Adapt to New Situations 1 2 3 4 5 NO

Knowledge of Own Limits 1 2 3 4 5 NO

Caring for Own Needs 1 2 3 4 5 NO

Seeking Integration of Faith

with Own Life 1 2 3 4 5 NO

Openness to Different

Expressions of Faith 1 2 3 4 5 NO

Additional Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The information provided is honest to the best of my knowledge.

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Signature Date

Please return this reference form to:

**Fr. John Hynes**

**Saint Catherine of Siena Church**

**2503 Centerville Road**

**Wilmington, DE 19808**

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