



SALT Carmelite Missionary Recommendation

SALT Carmelite Missionary Program Sponsored by: The Carmelite Sisters for the Aged and Infirm
600 Woods Road Germantown, NY 12526 (518) 537-5000

RECOMMENDATION FOR: _____

The above person is applying to participate in the SALT Carmelite Missionary Program. She has indicated that you are in a position to give us a reliable evaluation of her. A candid expression of your opinion is necessary. All information will be kept in confidence. Thank you for your cooperation.

1. How long have you known applicant? Since:

2. A certain level of competency is needed to contribute to our mission to the elderly. In your judgment, how competent is this student as demonstrated by her work in college.

Extremely competent. Can always be counted on to do an excellent job.

Very competent.

Adequate, but not outstanding.

Doubtful.

Incompetent. Has failed on many occasions to perform competently.

Please describe how the applicant has demonstrated her level of competence:

3. Comment on the applicant's ability to work with other people in a variety of settings.

4. Overall recommendation:

I recommend this applicant without reservation for the SALT Mission Program.

I have some reservations but feel that the applicant could benefit from this experience and contribute to the work.

I feel this person is not suited at this time to make a positive contribution to your ministry to the Aged and Infirm.

Thank you very much for taking the time to complete this recommendation form. (PLEASE PRINT)

Your Name: _____

Address: _____

City/State/Zip: _____

Telephone (Day): _____ (Evening): _____

Can we contact you if we should want further clarification regarding your recommendation? YES NO

Signature: _____

Date: _____