



# 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 the work you have seen?**

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: \_\_\_\_\_