



kino institute
Participant
Recommendation Form

To whom it may concern:

Your recommendation is very important to the application process. Please give us complete and detailed answers to the questions, using another piece of paper if necessary.

Please mail filled out forms directly to: **Kino Institute, 400 East Monroe, Phoenix, AZ 85004**

Thank you for taking the time to assist us in evaluating the gifts and talents of those seeking entrance into our formation program.

Applicant Information:

Name: _____

Parish/Faith Community: _____

Reference Information:

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Telephone: _____

Please fill out questions on back side of form

How long have you know this person and in what capacity?

What particular qualities in the applicant recommend him/her as a participant for this program?
What are the applicant's strengths and gifts?

What ministries have you known this person to work within? If none, what ministries could you see this person having the gifts to work within?

Is there anything else that you would like us to know about this person?

Signature:

Date:

Effective	Reviewed	Revised
3/27/07	3/27/07	1/26/09