Clergy Reference Form

NURSE APPLICANT’S NAME: ________________________________

Directions to Applicant: This form is to be completed by your clergy. It must be received before your application is complete.

Directions to Clergy Completing This Form: Please answer the following questions about the applicant to the best of your ability.

Name of Clergy giving this reference:
__________________________________________________________

Title/position: ____________________________________________

Name of Faith Community: ________________________________

Address: ________________________________________________

Phone: __________________________________________________

Email: _________________________________________________

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

2. What is your understanding of the spiritual growth and/or spiritual maturity of the applicant?
3. Describe how you have observed the applicant demonstrate his/her belief system in relationships with others, in social situations, or in the environment of your faith community.

4. Given your understanding of a Faith Community/Parish Nurse, do you believe this role would be well-received by your faith community? Why or why not?

5. Do you recommend this applicant for the Faith Community/Parish Nurse Educational Program? Why or why not?

Signature of person completing this reference form:

________________________________________________________________________

Please email this Clergy Reference Form with the Foundations Application to:

Amy Brown, MSN, RN, FCN
abrown3@su.edu

Please do not hesitate to contact Amy Brown if you have any questions.