



Faith Leader Referral

Applicant Name: _____

1. Is the applicant personally known to you? Yes No
2. How long have you known the applicant?
3. Is the applicant currently involved in ministry? Yes No

If yes, for how long?

What type of ministry?

4. Does the applicant have the ability to reflect and interpret a patient's theological background, cultural and religious beliefs, and to provide to make effective use of the behavioral sciences tools in pastoral ministry (i.e. end of life discussion, life review, presurgical prayer, bereavement, family support, ritualistic therapies)? Yes No
Please provide examples (use an additional sheet if necessary).

5. Does the applicant have the ability to establish a pastoral bond with persons, patients, and/or family members in various life situations and crisis circumstances? Yes No

6. Does the applicant have the aptitude to provide basic care and counseling skills including listening, empathy, reflection, analysis of problems, conflict resolution the dynamics of group behavior and the variety of group experiences, and utilize the support, confrontation, and clarification of the peer group for the integration of personal attributes and pastoral functioning? Yes No

7. Do you endorse the applicant in providing spiritual care support for patients, families, and staff within a clinical environment? Yes No

8. Additional Comments (optional)

Name and Title of the Faith Leader: _____

Position: _____

Phone: _____ E-Mail: _____

Signature: _____

Date: _____