REFERENCE FORM
2009-2010 SACRED PRACTICE LEADERSHIP SERIES (SPLaSh)

The applicant for whom you are serving as a reference

Applicant's name _____ Congregation _____

The person named above is applying for the Sacred Practices Leadership Series. This program involves participation in six 3-day events over the course of two years at a retreat center near Dubuque, Iowa. Each event includes presentations, workshops on various sacred practices, small group meetings, time for silent reflection, and worship. Between sessions participants are expected to do some preparatory reading, and continue conversation with members of their small group. Participants will also be asked to begin implementing what they learn in their leadership role in your congregation. The program calls for a high level of commitment. Please respond specifically and honestly to the questions below (a few sentences in response to the questions is most helpful).

1. Describe the applicant's most significant strengths for leadership in your congregation.

2. One component of the series is that participants will be asked to integrate what they learn at each event in their congregation or place of ministry. Describe what was done to gain the support for the applicant's participation in this series from leaders in your congregation. Describe your hopes for the applicant's growth by way of participating in this series and for his/her use of sacred practices in leadership in your congregation.

3. Another component of the series is the covenant group, five to seven persons who meet together three times per event for personal sharing, mutual guidance, support and encouragement. Describe the applicant's skills at both listening and sharing with others.

4. Give examples that describe the applicant's ability to follow through on commitments of time and responsibility.

5. Are there any characteristics or history that might make it hard for this person to participate in this series or to implement what is learned in your congregation?

Name _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Signature _____ Date _____

Send this completed form directly to: **The Center for Renewal**
1200 Grandview Avenue
Des Moines, IA 50312