



NYZENCENTER

GROUNDING IN THE DHARMA - DEVOTED TO CONTEMPLATIVE CARE

Please email this completed reference form to [info@zencare.org](mailto:info@zencare.org)

## Foundations in Contemplative Care Training Program

### REFERENCE FORM

Applicant Name: \_\_\_\_\_

Reference Provider Name: \_\_\_\_\_

Reference Provider Phone: \_\_\_\_\_

Reference Provider Email: \_\_\_\_\_

Do you recommend this person?

\_\_\_\_\_ Yes, without hesitation

\_\_\_\_\_ Yes, with hesitation or concerns

\_\_\_\_\_ No, I do not recommend this person

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FOUNDERS Robert Chodo Campbell and Koshin Paley Ellison

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Dear Reference Provider,

We ask that you respond as candidly as possible. If you are recommending the person with or without hesitation, we will use the information to help us evaluate the learning needs of the student in order to be as helpful as possible to him/her in the educational process. Thank you.

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

2. How would you say the candidate needs to grow in the following areas according to your experience of them? Please be as specific as possible, use examples:

a. in their potential for contemplative care?

b. in their personal commitment to learning?

c. in their maturity of faith and depth of spiritual development?

3. In your experience, how does this person respond to others who are experiencing times of difficulty or challenge?

Please evaluate the candidate on:	Very Strong	Strong	Average	Needs Work	What Strengths does this applicant need to develop in this area?
Intellectual ability/ General Knowledge					
Common sense					
Job perseverance					
Emotional intelligence					
Ability to listen attentively					
Ability to problem solve under stress					
Ability to handle conflict and stress					

5. Comment on the applicant’s demonstrated motivation, attitude, and readiness for an intensive, experiential learning program.

6. What advice would you give this person at this point in his/her educational/career journey that you feel would be most helpful or needed?

7. What else should we know about this person that will help us to understand and work with him/her better to be most helpful?

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(electronic signature is acceptable)

Reference Provider: Please email this completed form directly to [info@zencare.org](mailto:info@zencare.org)  
**This reference will be kept strictly confidential.**