



**PARISH NURSING REFERENCE FORM**

Thank you for assistance in supplying a reference for \_\_\_\_\_  
to our Parish Nursing Education Program. Your contribution will be of great value in the selection of  
participants in our program. Please answer the following questions and **return the application to:**

*Parish Nursing Education Program  
Linda Rickabaugh  
Jefferson College of Health Sciences  
P.O. Box 13186  
Roanoke, VA 24031*

1. How long have you known the applicant?
2. What is the nature of your relationship?
3. Give evidence of the spiritual growth and/or spiritual maturity of the applicant?
4. Describe how the applicant has demonstrated their value system in relationships with others, in social situations or in the work environment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_