**Employer or Academic Reference Form for Sojourners Fellowship**

Your First Name:

Your Last Name:        
Email:

Phone:

Name of Applicant:

Relationship to Applicant:

Thank you for serving as a reference for the Sojourners Fellowship Program. The yearlong program combines work placements in our nonprofit office with an opportunity to live in an intentional Christian community. Between 9 and 10 fellows are selected into the program each year. To learn more about Sojourners and the program, please visit our website at [sojo.net/fellows](https://sojo.net/fellows).

Sojourners fellows are invited to an environment best suited to a high level of commitment and a willingness and openness to learn. Fellows live in intentional community with individuals of different Christian journeys and work at the intersection of faith, politics and culture. We seek individuals who have a mature faith and an interest in discipleship.

Your honest evaluation will help us tremendously in making the best placements for our program. If you have any questions, please email or call the program director at [volunteer@sojo.net](mailto:volunteer@sojo.net) or (202) 328-8842. Please return this reference by email (preferred), mail, or fax, by **February 22, 2022** to:

**volunteer@sojo.net**

Sojourners Fellowship Program

408 C Street NE

Washington, DC 20002

Fax (202) 328-8757

1. Please reflect on why you think the Sojourners Fellowship Program would be a good experience for the applicant. What advantages and challenges do you think the applicant brings to the Sojourners program, including the community experience? Please limit your response to approximately 300 words (2000 characters) or fewer.

2. Please describe an experience in which you have seen the applicant respond to conflict.

3. Please rate the applicant on the following characteristics and abilities on a scale of **1 to 5** (1 = one of the applicant’s weakest areas; 5 = one of the applicant’s strongest areas):

Creativity

Maturity

Initiative

Sensitivity

Leadership

Dependability

Organization

Sense of Humor

Flexibility

4. Overall, how would you rate the applicant?

☐ Exceptional

☐ Very good, with no reservations

☐ Acceptable

☐ Some reservations

☐ Weak

5. Is there anything else that would be helpful for us to know about the applicant?

**Pastoral or Spiritual Mentor Reference Form for Sojourners Fellowship**

Your First Name:

Your Last Name:        
Email:

Phone:

Name of Applicant:

Relationship to Applicant:

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Sensitivity

Leadership

Dependability

Organization

Sense of Humor

Flexibility

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☐ Exceptional

☐ Very good, with no reservations

☐ Acceptable

☐ Some reservations

☐ Weak

5. Is there anything else that would be helpful for us to know about the applicant?

**Peer Reference Form for Sojourners Fellowship**

Your First Name:

Your Last Name:        
Email:

Phone:

Name of Applicant:

Relationship to Applicant:

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2. Please describe an experience in which you have seen the applicant respond to conflict.

3. Please rate the applicant on the following characteristics and abilities on a scale of **1 to 5** (1 = one of the applicant’s weakest areas; 5 = one of the applicant’s strongest areas):

Creativity

Maturity

Initiative

Sensitivity

Leadership

Dependability

Organization

Sense of Humor

Flexibility

4. Overall, how would you rate the applicant?

☐ Exceptional

☐ Very good, with no reservations

☐ Acceptable

☐ Some reservations

☐ Weak

5. Is there anything else that would be helpful for us to know about the applicant?