Pilgrim Place

625 Mayflower Road
Claremont, CA 91711
Phone: 909-399-5503 or 909-399-5504 Fax: 909-399-5508
jtomes@pilgrimplace.org or jcromwell@pilgrimplace.org

CONFIDENTIAL INFORMATION REQUEST

Thank you for your help in completing this form. If unable to limit your comments to the space allotted, please use only one additional sheet. In providing your name as a reference, the applicant acknowledges that this information is confidential and cannot be released without your written consent. Please return completed form to the Pilgrim Place Office of Admission as soon as possible to expedite the application process.

Name of Applicant(s): _____

1. How long have you known this person and in what capacity?

2. What characteristics and attitudes have you observed that would enable the applicant to get along well with others? (Comment on sense of humor, flexibility, emotional stability, and any other traits that would help us know the prospective applicant better.)

3. The eligibility guidelines state that Pilgrim Place welcomes applications from “persons who have served in careers in religious, charitable, or non-profit humanitarian organizations.” How would you define the applicant’s full-time professional career as meeting these criteria?

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4. In what ways has the applicant been involved in volunteer activities? Be as specific as you can.

5. In your judgment, will the applicant transition easily, happily, and actively into this interdependent community of persons who share facilities and fellowship? Do you feel that someone with his/her lifestyle, habits, and personality can adjust into such a community? Please explain.

6. In what ways will the applicant contribute to the ongoing life of Pilgrim Place as an active participant in this intentional community?

7. In your judgment, is the applicant in good physical and emotional health? (An "observable trend" is important here, since actual residency may be several years away.)

8. Further comments or observations.

Your name (print or type):_____

Signature: _____

Email: _____ Today's date: _____

If you would like to receive information about residing at Pilgrim Place in retirement, please provide your current mailing address: _____

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