



Catholic Independent Schools

Diocese of Prince George

Office of the Superintendent of Schools

CONFIDENTIAL PASTOR REFERENCE FORM

CANDIDATE'S NAME _____ DATE _____

PARISH _____ PASTOR _____

ADDRESS _____ PHONE _____

1. How well do you know this candidate? (*please check one*)
Very well [] Well [] By name [] By face []
2. How long have you known this candidate? _____
3. Is this candidate a registered member of your Parish? YES [] NO []
4. Is this candidate a regular practicing Catholic? YES [] NO []
5. Is there anything in the marriage or life-style of this person that would put into question his/her suitability to teach/administer in a Catholic School? YES [] NO []
If yes, specify: _____
6. Does this person take an active or leadership role in any of the parish ministries or organizations? YES [] NO []
7. If "yes" which ones: _____
8. Do you recommend this person as a teaching/administrative candidate for the Catholic schools of this Diocese? YES [] NO []

ADDITIONAL COMMENTS: _____

Pastor's signature _____ Date _____

If the signature is not that of the territorial pastor, what is the reason? _____

CONFIDENTIAL: PLEASE DO NOT COPY, SEND DIRECTLY TO THE SUPERINTENDENT AT THE ADDRESS BELOW.

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