



Catholic Independent Schools

Diocese of Prince George

Pastor Reference Form
CONFIDENTIAL

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 (if mailing or scanning) _____

Date _____

CONFIDENTIAL: PLEASE DO NOT COPY, OR GIVE TO THE CANDIDATE.

SEND DIRECTLY TO THE SUPERINTENDENT by clicking submit or by scanning and emailing directly to cis@cispq.ca.

Printed forms can be sent via post to:

**6500 Southridge Avenue
Prince George, BC V2N 5P9**

Tel: 250-964-5642 Fax: 250-964-2101
cis@cispq.ca www.cispq.ca