



# Catholic Independent Schools

Diocese of Prince George

Pastor Reference From

**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: \_\_\_\_\_

Would you like the Superintendent to call you, so you can provide additional information and/or clarification?

YES ☐ Best phone number \_\_\_\_\_

NO ☐

Pastor's signature (if mailing or scanning) \_\_\_\_\_

Date \_\_\_\_\_

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

SEND DIRECTLY TO THE SUPERINTENDENT by emailing directly to [cis@cispq.ca](mailto:cis@cispq.ca).

Printed forms can be sent via post to:

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

Tel: 250-964-5642  
[cis@cispq.ca](mailto:cis@cispq.ca)

Fax: 250-964-2101  
[www.cispq.ca](http://www.cispq.ca)