



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: _____

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 _____

Date _____

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

SEND DIRECTLY TO THE SUPERINTENDENT by scanning and emailing directly to cis@cispj.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@cispj.ca www.cispj.ca