

**CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE**

OFFICE OF THE SUPERINTENDENT

635A TRANQUILLE ROAD, KAMLOOPS BC V2B 3H5 PHONE 250-376-3351 FAX 250-376-3363

**CONFIDENTIAL PASTOR'S REFERENCE FORM**

**TEACHER**

**PLEASE PRINT**

CANDIDATES NAME \_\_\_\_\_ DATE \_\_\_\_\_

CATHOLIC PARISH \_\_\_\_\_ PASTOR \_\_\_\_\_

1. How well do you know the candidate? (please check one) very well \_\_\_\_\_, well \_\_\_\_\_, by name \_\_\_\_\_, by face \_\_\_\_\_.
2. How long have you known the candidate? \_\_\_\_\_
3. Is this candidate a registered member of your parish? \_\_\_\_\_
4. Is this candidate a regularly practicing Catholic? \_\_\_\_\_
5. Is there anything in the marriage or lifestyle of this person that would put into question his/her suitability for employment in a Catholic School? \_\_\_\_\_

If yes, specify

\_\_\_\_\_  
\_\_\_\_\_

6. Does this person take an active or leadership role in any of the parish ministries or organizations? \_\_\_\_\_
7. If "yes", which ones  
\_\_\_\_\_
8. Do you recommend this person as an employee candidate to **teach** in the Catholic Schools of the Diocese of Kamloops? \_\_\_\_\_

**ADDITIONAL COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_

Pastor's signature \_\_\_\_\_ Date \_\_\_\_\_

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

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**THANK YOU KINDLY!**