



The Catholic Independent Schools of Vancouver Archdiocese

Office of the Superintendent

NON-CATHOLIC PASTORAL 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 Church? YES NO
4. Is this candidate a regularly practicing Christian? 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 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 suitable candidate for the Catholic schools of this Archdiocese?
YES NO

ADDITIONAL COMMENTS

Pastor's/Minister's signature _____

Date _____

**This information is required as part of the application process for securing a position within the CISVA.
Please do not copy. Send directly to the Superintendent at the address above.**