

**CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE**

OFFICE OF THE SUPERINTENDENT

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**CONFIDENTIAL PASTOR'S REFERENCE FORM**

**PLEASE PRINT**

CANDIDATE'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME of PARISH \_\_\_\_\_ PASTOR \_\_\_\_\_

DENOMINATION of PARISH \_\_\_\_\_

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 or Member of your parish? \_\_\_\_\_
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? \_\_\_\_\_  
If "yes", which ones? \_\_\_\_\_
8. Do you recommend this person as an employee candidate for 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!**