



CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE

OFFICE OF THE SUPERINTENDENT

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

hr@ciskd.ca

CONFIDENTIAL NON CATHOLIC PASTORAL REFERENCE FORM – to be completed by a Catholic Priest

To be completed by the applicant/employee:

APPLICANT/EMPLOYEE NAME _____ DATE _____

ADDRESS: _____ Phone: _____

NAME of CATHOLIC PRIEST _____ PARISH: _____

Position: ☐ Teacher On Call ☐ Teacher ☐ Vice Principal ☐ Principal ☐ Superintendent
☐ Education Assistant ☐ Office Support ☐ Update ☐ Other: _____

School: ☐ St. Ann's, Quesnel ☐ Sacred Heart, Williams Lake ☐ OLPH, Kamloops
☐ St. James, Vernon ☐ ASCEND Online ☐ St. Ann's Academy, Kamloops

1. Are you a baptized Christian? ☐ Yes ☐ No
2. If yes, please specify denomination: _____
3. If not a baptized Christian, please state the denomination with which you identify (if any) _____
4. How frequently do you attend your place of worship? ☐ Daily ☐ Weekly ☐ Monthly ☐ Seasonally ☐ Yearly ☐ No Attendance
5. Are you: ☐ Single ☐ Married in Catholic Church ☐ Married in Other Church ☐ Married Civilly ☐ Divorced ☐ Common Law

Comment: _____

6. What draws you to share in the mission of Catholic education in the Diocese of Kamloops?

Applicant/Employee Signature Date of Signature

To be completed by the Parish Priest:

1. How well do you know this applicant/employee? ☐ Very Well ☐ Well ☐ By Name ☐ By Face ☐ Just Met

2. How long have you known this person? _____

3. Do you know of anything in the marriage or lifestyle of this person that would put into question his/her suitability to teach or serve in a Catholic school? ☐ Yes ☐ No

Comment: _____

6. Do you recommend this person as a suitable candidate for Catholic schools of this Diocese? ☐ Yes ☐ Provisionally(up to 1yr) ☐ No

Comment: _____

7. Would you like the Superintendent of Schools to contact you so you can provide additional information and/or clarification? ☐ Yes ☐ No

Pastor Signature Date of Signature

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

CONFIDENTIAL – This information is required as part of the application process for a position within CISKD. PLEASE DO NOT COPY or share with others. EMAIL DIRECTLY TO THE ABOVE ADDRESS. THANK YOU!