

Catholic Independent Schools of Vancouver Archdiocese

Catholic Pastoral Reference

Note: CISVA employees are required to obtain an updated Pastoral Reference Letter when there is a change in an employment agreement within the CISVA.

| Section I: To be completed by the applicant/employee | | | |
|--|-------------------|--|--|
| ☐ Teacher ☐ Education Assistant ☐ Support Staff | ☐ Employee Update | | |
| APPLICANT/EMPLOYEE NAME | PHONE | | |
| ADDRESS/CITYEMAIL_ | | | |
| POSITION SCHOOL NAME | | | |
| (if applicable) (if applicable) | | | |
| 1. Are you a registered member of this parish? ☐ YES ☐ NO | | | |
| Comment | | | |
| 2. Do you attend Mass every Sunday? ☐ YES ☐ NO | | | |
| 3. Do you take an active role in any of the parish ministries or organizations? \Box YES \Box NO | | | |
| Comment | | | |
| 4. If not registered in this parish for the last two years, please name your previous parish and pastor: | | | |
| PARISH PASTOR | | | |
| APPLICANT/EMPLOYEE SIGNATURE | DATE | | |
| PARISH PASTOR | | | |
| ADDRESS | | | |
| EMAIL | | | |
| | | | |
| Section II: To be completed by the Parish Pastor | | | |
| 1. How well do you know this applicant/employee? (please check one) \square Very well \square Well \square By name \square By face | | | |
| 2. How long have you known this person? | | | |
| 3. Is this person a registered member of your Parish? YES NO | | | |
| 4. Is this person a regularly practicing Catholic? YES NO | | | |
| | | | |

| 5. | Is there anything in the marriage or lifestyle of this person that would put int in a Catholic school? \Box YES \Box NO | o question his/her suitability to teach | |
|-------|---|---|--|
| | If yes, specify: | | |
| 6. | If married, does this person have a Catholic marriage certificate? | | |
| 0. | □ YES □ NO | | |
| 7. | 7. Does this person take an active or leadership role in any of the parish ministries or organizations? □ YES □ NO | | |
| | If "yes" which ones: | | |
| 8. | 8. Do you recommend this person as a suitable candidate for the Catholic schools of this Archdiocese? □ YES □ NO □ PROVISIONALLY (for one year only) | | |
| | Comment | | |
| 9. | . Would you like the Associate Superintendent of Human Resources to contact you so that you can provide additional information and/or clarification? \Box YES \Box NO | | |
| PAS | STOR SIGNATURE | DATE | |
| PAS | STOR NAME (PLEASE PRINT) | PHONE | |
| If th | ne signature is not that of the territorial pastor, what is the reason? | | |
| | | | |