



OFFICE OF THE SUPERINTENDENT

Catholic Independent Schools Nelson Diocese
Catholic Pastoral Centre
3665 Benvoulin Road, Kelowna BC V1W 4M7
Phone: (250) 762-2905 Fax: (250) 869-8697 1-866-964-3858
superintendent@cisnd.ca

Date: _____

Dear Fr. _____,

Re: (put applicant's name here)

The candidate in question has been asked to meet with you and give you this letter and reference form because he/she is seeking employment within the Catholic Independent Schools of Nelson Diocese (CISND). In order for me to decide as to the suitability of this candidate, I am requesting that you please complete and return **as soon as possible** the enclosed Pastoral Reference by:

- fax at 250-869-8697 or 1-866-964-3858,
- email to adminassist@cisnd.ca.

Should you not know this candidate, please interview them to assist you in completing the form accurately.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

Arthur Therrien
Superintendent of Catholic Schools

CRANBROOK	KELOWNA	KELOWNA	NELSON	PENTICTON	TRAIL	WESTBANK
St. Mary's	St. Joseph	Immaculata	St. Joseph	Holy Cross	St. Michael's	Our Lady of Lourdes
Elementary	Elementary	Regional	Elementary	Elementary	Elementary	Elementary
School	School	High School	School	School	School	School



Superintendent of Schools

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CATHOLIC PASTORAL REFERENCE

This information is required as part of the application process for securing a position within the CISND. Please send directly to the Superintendent at the above email or fax number.

Candidate's Name _____

Candidate's Contact Number _____

Parish: _____ Pastor: _____

Parish Address _____

Parish Phone: _____

1. How well do you know this candidate?
Very well [] Well [] By name [] By face []
2. How long have you known this candidate? _____
3. Is this candidate a registered member of your parish? [] Yes [] No
4. Is this candidate a regularly practicing Catholic? [] Yes [] No
5. Is there anything in the marriage or lifestyle of this person that would put into question his/her suitability to work in a Catholic school? [] Yes [] No
If yes, please specify: _____
6. Does this person take an active or a leadership role in any of the parish ministries or organizations? [] Yes [] No
If yes, please specify: _____
7. Do you recommend this person as a suitable candidate for the Catholic schools of this Diocese? [] Yes [] No

ADDITIONAL COMMENTS: _____

Pastor's Signature: _____ Date: _____

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