



# Pastoral Reference for the Catholic Educator



Please complete the candidate portion of this form and submit it with your application. The bottom section can be completed and sent in at a later date.

- ☐ Candidate for a teaching position with a Catholic school district  
☐ Candidate for a Leadership position with a Catholic school district

*To be completed by the Candidate:*

**Candidate Name (Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Prov.:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**1. Parish:** \_\_\_\_\_ **Parish Priest:** \_\_\_\_\_  
Registered Member: ☐ Yes For How Long: \_\_\_\_\_

**Parish Activities (Last 5 Years):**

**2. Previous Parish** \_\_\_\_\_ **Parish Priest:** \_\_\_\_\_ **For How Long:** \_\_\_\_\_  
**Parish Activities:**

**3. Why do you want to teach/lead in a Catholic School?**

**4. How will you be a role model of Christian witness to students in a Catholic school?**

**Explain:**

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*To be completed by the Parish Priest:*

**Parish Priest (Print):** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I know this candidate:** ☐ very well ☐ limited ☐ new parishioner

**This candidate:**

- Is a registered member of the parish: ☐ Yes ☐ No
- Is involved in church ministries: ☐ Yes ☐ No
- Attends mass regularly: ☐ Yes ☐ No

**Comments:**

**Parish Priest Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Signature of Parish Priest, Church Seal and mail to: Deputy Superintendent of Schools  
Holy Spirit Roman Catholic Separate School Division  
620 – 12B Street North Lethbridge, AB T1H 2L7*