

London District Catholic School Board

**PASTORAL REFERENCE**

**Candidate's Name:**

**Candidate's Address:**

**Length of time you have known the candidate:**

<b>R a t i n g</b>	<b>THE RECOMMENDATIONS ARE BASED ON (PLEASE CHECK ONE):</b>	
	<b>Rating</b>	<b>0: In conscience, I cannot give this recommendation.</b>
		<b>1: I do not know the candidate well enough to make a recommendation at this time.</b>
		<b>2: I am making this recommendation with reservations. See "Comments" below.</b>
		<b>3. I am comfortable making this recommendation.</b>
		<b>4: I can give this recommendation without any qualification.</b>
	<b>5. Not applicable, unknown.</b>	

- Ongoing personal knowledge of the candidate as an active member of the parish.
- Knowledge of the candidate as a registered member of the parish.
- Personal knowledge of the candidate in the past.
- A personal interview and knowledge of the candidate's family.
- A personal interview. Please indicate date of interview:
- I know the candidate to be of good moral character consistent with the expectations of the Catholic Church.
- I know the candidate to be a practising Catholic who is in full communion with the Catholic Church.
- I believe that this candidate will provide an appropriate role model for the children entrusted to his/her care for religious instruction in the Catholic Faith.

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The candidate participates in the life of the Church:**

Never \_\_\_\_\_ Seldom \_\_\_\_\_ Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_ Regularly \_\_\_\_\_

**Please indicate role(s) by checking the box(es) below, or by adding role:**

<input type="checkbox"/>	Church Choir	<input type="checkbox"/>	Lay Reader	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Marriage Preparation Leader	<input type="checkbox"/>	Parish Committee	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CWL Executive/Member	<input type="checkbox"/>	RCIA Leader	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Knights of Columbus Executive/Member	<input type="checkbox"/>	Children's Liturgy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ministry of the Eucharist	<input type="checkbox"/>	Children's Church	<input type="checkbox"/>	<input type="checkbox"/>

**I would like a member of the Human Resources Department to contact me regarding this candidate:**

Yes \_\_\_ No \_\_\_

**Additional Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

<b>Pastor's Name:</b> (Please print)	<b>Parish Name:</b>
<b>Date:</b>	<b>Parish Address:</b>
<b>Signature:</b>	<b>Parish Phone #:</b>

**Note:** *In accordance with the Freedom of Information Legislation, upon request, a copy of this document will be provided to the candidate.*