

OFFICE OF THE SUPERINTENDENT  
Catholic Independent Schools of Nelson Diocese  
Catholic Pastoral Centre  
3665 Benvoulin Rd Kelowna, BC V1W 4M7  
Phone: 250-762-2905 Fax: 250-869-8697 or  
1-866-964-3858  
[superintendent@cisnd.ca](mailto:superintendent@cisnd.ca)

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

Dear \_\_\_\_\_,

**Re: (put applicant's name here)**

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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](mailto:adminassist@cisnd.ca).

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

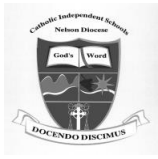
If you have any questions or concerns, please feel free to contact me.

Sincerely,

Arthur Therrien  
Superintendent of Catholic Schools

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



## Superintendent of Schools

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## 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 \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_

Church 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 Church? [ ] Yes [ ] No

4. Is this candidate a practicing Christian? [ ] 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 your Church's 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? \_\_\_\_\_

\_\_\_\_\_