

PRIEST REFERENCE FORM

Candidate's Name: _____ Date: _____

Please ask the priest in your parish or where you practice your faith, to complete this form.

1. I know this candidate: Very Well Fairly Well Somewhat Not at All
2. This candidate is registered in my parish: Yes No Don't Know
3. This candidate attends Mass regularly: Yes No Attends Periodically
4. This candidate is active in one of the ministries or in the organization of the Catholic Church as indicated below:

- | | |
|--|---|
| <input type="checkbox"/> Music Ministry
<input type="checkbox"/> Social Justice Ministry
<input type="checkbox"/> Eucharistic Minister
<input type="checkbox"/> Marriage Preparation Team
<input type="checkbox"/> Parish Pastoral Council
<input type="checkbox"/> Adult Server
<input type="checkbox"/> Lector
<input type="checkbox"/> Parish Committees _____
<input type="checkbox"/> Other _____ | <input type="checkbox"/> RCIA/CIC team
<input type="checkbox"/> Catholic Women's League
<input type="checkbox"/> Greeter/Usher/Hospitality
<input type="checkbox"/> Knights of Columbus
<input type="checkbox"/> Youth Ministry Team
<input type="checkbox"/> Bereavement Team
<input type="checkbox"/> Sacramental Prep Leader
<input type="checkbox"/> Baptism Prep Team |
|--|---|

5. Please provide any additional comments about this candidate that might be relevant to obtaining employment with Elk Island Catholic Schools.

6. Recommendation:

I recommend this candidate: _____

I recommend this candidate with the following reservation(s): _____

Name of Priest: _____ Address: _____

Parish: _____ Address: _____

Denomination, if not Roman Catholic _____

Signature: _____ Telephone: _____

This form when completed should be returned to the candidate or forwarded to:
 Elk Island Catholic Separate Regional Division #41
 160 Festival Way
 Sherwood Park, Alberta T8A 5Z2
 Fax: (780) 467-5469

For any questions or comments, please contact Mr. Shawn Haggarty at (780) 449-6451.