



**Superintendent of Schools**  
 Catholic Independent Schools, Diocese of Victoria  
 #1 – 4044 Nelthorpe Street, Victoria, BC V8X 2A1  
 Telephone: 250-727-6893 Fax: 250-727-6879  
 Email: [info@cisdv.bc.ca](mailto:info@cisdv.bc.ca)

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**PASTORAL REFERENCE (confidential)**

Candidate's Name & Telephone Number: \_\_\_\_\_

Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ 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. Does the applicant accept and profess the basic and essential truths of the Catholic faith?  
 Yes [ ] No [ ]

6. As far as you are aware, is the applicant a person of good moral character? Yes [ ] No [ ]

7. Has the applicant participated actively in any parish ministries or organizations?  
 Yes [ ] No [ ] Intending to [ ]

If yes, please specify in what capacity: \_\_\_\_\_

8. Is there anything in the marriage or lifestyle of this person that would put into question his/her suitability to teach in a Catholic school? Yes [ ] No [ ]

If yes, please specify: \_\_\_\_\_

9. Do you consider this applicant someone who would influence and strengthen the spiritual growth of young people within the school and Catholic Community? Yes [ ] No [ ]

ADDITIONAL COMMENTS: \_\_\_\_\_

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

Would you like to the Superintendent to call you so that you can provide additional information and/or clarification?

Date

Pastor's Signature \_\_\_\_\_

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

\_\_\_\_\_

**This information is required as part of the application process for securing a position within the Island Catholic Schools. The Pastor should send directly to the Superintendent at the above email or fax number.**