



**ARCHDIOCESE OF WINNIPEG  
CATHOLIC SCHOOLS OFFICE**

**Catholic Centre**  
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Winnipeg, MB R3T 2C6  
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Fax: 204.453.8236  
Email: awcs@archwinnipeg.ca

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**CATHOLIC PASTORAL REFERENCE (confidential)**

(\*Pastors should complete this form based on information known to them or through an interview with the candidate)

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

Candidate's Name: \_\_\_\_\_ Rite:  Roman  Ukrainian

Home Parish: \_\_\_\_\_

1. How well do you know this candidate? (check one or more of the following)

I have:

- ongoing personal knowledge of the individual as a member of the parish
- personal knowledge of the individual in the past
- knowledge of the candidate's family
- knowledge through a personal interview
- other:

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

2. How long have you known this candidate? \_\_\_\_\_

3. The candidate participates in the sacramental life of the Church:

- regularly
- occasionally
- infrequently
- not known to me

4. Does the applicant accept and profess the basic and essential truths of the Catholic faith?

- YES  NO  NOT KNOWN TO ME

5. As far as you are aware, is the applicant a person of good moral character?

- YES  NO  NOT KNOWN TO ME

**TURN OVER**

6. Has the applicant participated actively in any parish ministries or organizations?

- YES                       NO                       INTENDING TO

If YES, please specify in what capacity:

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7. Is this person living a life that is consistent with the teachings of the Catholic Church?

Eg. Activities , behaviour, Catholic marriage or single life

- YES                       NO                       NOT KNOWN TO ME

If NO, please specify:

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8. 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                       NOT KNOWN TO ME

If YES, How;

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9. The candidate appears to have an appreciation of teaching in a Catholic school as a vocation and ministry, not merely a job.

- YES                       NO                       NOT KNOWN TO ME

10. ADDITIONAL COMMENTS: \_\_\_\_\_

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Would you be open to the Principal calling you so that you can provide additional information and/or clarification?

- YES                      Phone #: \_\_\_\_\_                       NO

Reference provided by:

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Pastor's Name (print clearly)

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Pastor's Signature

\*If the signature is not that of your home Parish Pastor, please explain:

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**This information is required as part of the application process for securing a position within Manitoba Catholic Schools. The Pastor should send the completed form directly to the Catholic Schools Office via email – [tscott@archwinnipeg.ca](mailto:tscott@archwinnipeg.ca) or fax- 204-453-8236**