



Huron-Superior Catholic

DISTRICT SCHOOL BOARD

FORM A: PASTORAL REFERENCE

Candidate's Name:			
Rating of Candidate (please check one)			
<input type="checkbox"/>	0 - In conscience, I cannot give this recommendation.		
<input type="checkbox"/>	1 - I do not know the candidate well enough to make a recommendation at this time.		
<input type="checkbox"/>	2 - I am comfortable making this recommendation.		
<input type="checkbox"/>	3 - I can give this recommendation without any qualification.		
This recommendation is based on (please check all that apply)			
<input type="checkbox"/>	Ongoing personal knowledge of the candidate as an active member of the parish.		
<input type="checkbox"/>	Knowledge of the candidate as a registered member of the parish.		
<input type="checkbox"/>	Personal knowledge of the candidate in the past.		
<input type="checkbox"/>	A personal interview and knowledge of the candidate's family.		
<input type="checkbox"/>	A personal interview.		
<input type="checkbox"/>	I know the candidate to be a good moral character consistent with the expectations of the Catholic Church.		
<input type="checkbox"/>	I know the candidate to be a practicing Catholic who is in full communion with the Catholic Church.		
<input type="checkbox"/>	I believe that the candidate will provide an appropriate role model for the children entrusted to his/her care for religious instruction in the Catholic Faith.		
Please indicate their role(s) in your parish:			
<input type="checkbox"/>	Church Choir	<input type="checkbox"/>	RCIA Leader
<input type="checkbox"/>	Marriage Preparation Leader	<input type="checkbox"/>	Ministry of the Eucharist
<input type="checkbox"/>	CWL Executive/Member	<input type="checkbox"/>	Lector / Reader
<input type="checkbox"/>	Knights of Columbus Executive/Member	<input type="checkbox"/>	Parish Committee
<input type="checkbox"/>	Other:		
Additional Comments:			
Pastor's Name:			
Parish Name & Address:			

Signature

Date



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FORM B: FAITH REFERENCE

Name: _____	
(First)	(Last)
Phone: _____	Alternate Phone: _____
Email: _____	
Name of Parish: _____	Community: _____
Are you a practicing Roman Catholic? Yes / No*	

* If you are not presently practicing with a particular parish community, what steps do you promise to take to begin to contribute and participate in the life of the Catholic parish community? *(Please outline steps in your response on Page 2.)*

PERSONAL ATTESTATION

I assure the Huron-Superior Catholic District School Board that I will strive to be a person of good moral character consistent with the teachings of the Catholic Church.

As a member of the Catholic teaching community:

1. I will impart religious instruction in the Catholic Faith using the curriculum approved by the school board and as requested by the principal.
2. I will infuse gospel values across the curriculum.
3. I will influence and strengthen the spiritual growth of the students and act as an appropriate role model with the Catholic School Community.

(continued)



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My contributions and participation in the life of the Catholic community and/or the parish includes:

I commit myself to continuing to grow in my faith life as a professional educator through the following steps:

(continued)



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Note to OCT-Certified Teachers:

Please note that each year the board offers the Religious Education Part 1 AQ free of charge to board employees to enhance knowledge of Catholic teachings. We would strongly encourage you to take advantage of this opportunity if you do not already possess this AQ. Notice of when this PD will be offered will be sent out to all employees via board email with further instructions on how to participate.

Employee Signature:

Date Signed: