

# Medicine Hat Catholic Board of Education

1251 — 1st Avenue SW, Medicine Hat, AB T1A 8B4  
Phone: 403-527-2292 | www.mhcbe.ab.ca | Fax: 403-529-0917



## Pastoral Reference for the Catholic Educator

- ☐ Candidate for a teaching position with Medicine Hat Catholic Board of Education  
☐ Candidate for a leadership position with Medicine Hat Catholic Board of Education

### To be completed by Candidate:

Candidate Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

1. Parish Currently Attending: \_\_\_\_\_ Parish Priest: \_\_\_\_\_ How Long Attending: \_\_\_\_\_

- a. Are you a Registered Member: ☐ Yes ☐ No  
b. Parish Activities you are involved in: \_\_\_\_\_

2. Previous Parish Attended: \_\_\_\_\_ Parish Priest: \_\_\_\_\_ How Long Attending: \_\_\_\_\_

- a. Parish Activities you were involved in: \_\_\_\_\_

3. Why do you want to teach / lead in a Catholic School?

4. How will you be a role model of Christian witness to students in a Catholic School?

\_\_\_\_\_  
Candidate Signature:

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

### To be completed by Parish Priest:

Parish Priest (Print) \_\_\_\_\_ Parish: \_\_\_\_\_ Phone: \_\_\_\_\_

1. I know this candidate: ☐ Very Well ☐ Limited ☐ New Parishioner

2. This candidate: Is a registered member of the parish? ☐ Yes ☐ No  
Is involved in church ministries? ☐ Yes ☐ No  
Attends Mass regularly? ☐ Yes ☐ No

3. General Comments from Parish Priests:

\_\_\_\_\_  
Parish Priest Signature

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

### PASTORAL REFERENCE PROCESS:

Signature of Parish Priest and Church Seal is required on completed form. Parish to forward completed form by mail to:

**Mailing Address:** Human Resources, Medicine Hat Catholic Board of Education, 1251- 1st Avenue SW., Medicine Hat, Alberta T1A 8B4

Inquires about the Form or the Process can be directed to Human Resources (403-527-2292)