



OFFICE OF THE SUPERINTENDENT  
Catholic Independent Schools of the Nelson Diocese  
c/o Charity Hall, Immaculate Conception Parish  
839 Sutherland Avenue, Kelowna, BC V1Y 5X4  
Phone: (250) 762-2905 Fax: (250) 763-2740  
[superintendent@cisnd.ca](mailto:superintendent@cisnd.ca)

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

Dear Fr. \_\_\_\_\_,

**Re: (put applicant's name here)**

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The candidate in question is meeting with you and giving you this letter and reference form because he/she is applying for a principal, teacher, or support staff position in the Diocese of Nelson in British Columbia, Canada. In order for me to decide as to the suitability of this candidate, I am requesting that you please complete and return the enclosed Pastoral Reference by fax at 1-250-763-2740 **as soon as possible**.

Should you not know this candidate, please interview them to assist you to in completely the form accurately.

If you have any questions or concerns, please feel free to call me at 1-250- 868-1656.

Together in Christ,

Beverly A. Pulyk  
Superintendent of Catholic Schools

BAP/dj

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CRANBROOK	KELOWNA	KELOWNA	NELSON	PENTICTON	TRAIL	WESTBANK
St. Mary's	St. Joseph	Immaculata	St. Joseph	Holy Cross	St. Michael's	Our Lady of Lourdes
Elementary	Elementary	Regional	Elementary	Elementary	Elementary	Elementary
School	School	High School	School	School	School	School

**Superintendent of Schools**  
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## PASTORAL REFERENCE

Candidate's Name and 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. 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: \_\_\_\_\_
  
6. Does this person take an active or a leadership role in any of the parish ministries or organizations? Yes [ ] No [ ]  
  
If yes, please specify: \_\_\_\_\_
  
7. Do you recommend this person as a suitable candidate for the Catholic schools of this Diocese? Yes [ ] No [ ]

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

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

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 CISND. Please send directly to the Superintendent at the above fax number.**