

## PASTOR RECOMMENDATION FORM

Name of Applicant: Address: Position Applying for: Administrator/Principal The applicant named above is applying for a position in a Catholic School. Please answer the following questions to the best of your ability. 1. To your knowledge is the applicant a practicing member of the Catholic Church? □ Yes  $\square$  No □ Unknown 2. All who serve in Catholic school education in the Archdiocese of Hartford will witness by their public behavior, actions and words, a life consistent with the teachings of the Church. Are you aware of any reason why the candidate would not be able to abide by this statement? □ Yes □ No 3. Are you aware of any reason that this person could not assume a role in a Catholic School in the Archdiocese of Hartford? □ Yes  $\square$  No Additional Comments: Pastor's Signature Parish/City Date: \_\_\_\_/\_\_\_/\_\_\_\_

Please return this form to: Maria Maynard, Deputy Superintendent
Office of Education, Evangelization and Catechesis, 467 Bloomfield Avenue, Bloomfield, CT 06002,
Email: maria.maynard@aohct.org