General Reference Form

Please note: References may be contacted.

RELATIVE OR FRIEND

NAME __________________________________________________________

ADDRESS ________________________________________________________

HOME TELEPHONE NUMBER ____________________________

and/or

CELL TELEPHONE NUMBER ____________________________

EMAIL ADDRESS _________________________________________

RELATIONSHIP ___________________________________________

Length of time I have known the above? ________________________

SOMEONE WITH WHOM YOU HAVE WORKED IN MINISTRY

NAME ________________________________________________________

ADDRESS ____________________________________________________

HOME TELEPHONE NUMBER ____________________________

and/or

CELL TELEPHONE NUMBER ____________________________

EMAIL ADDRESS _________________________________________

MINISTRY ___________________________________________________

Length of time I have known the above? ________________________

Name:______________________________________________________
PASTOR (Pastor, Priest, Deacon, or Administrator)

NAME _____________________________________________________________

PARISH _____________________________________________________________

ADDRESS ___________________________________________________________

OFFICE TELEPHONE NUMBER __________________________________________

CELL TELEPHONE NUMBER (if available) __________________________________

EMAIL ADDRESS _____________________________________________________

Length of time I have known the above? ________________________________

I, ________________________________________________________________ certify that the information, provided by me in this application is true and correct to the best of my knowledge. I understand that all information provided will be kept strictly confidential and used only for the purpose of ascertaining my eligibility for the admission to the formation program of the Dominican Laity of the Order of Preachers. I acknowledge that the references provided may be contacted, and I give my express permission for the authorized representatives of the Dominican Laity to make contact with my references.

SIGNED _____________________________________________________________

DATE ________________________________

-------------------- OFFICIAL USE ONLY --------------------

Friend/Relative Reference contacted by ________________________________

DATE________________________

Ministry Reference contacted by ________________________________

DATE _______________________

Pastor/Priest Reference contacted by ________________________________

DATE _______________________
