

CLERGY REFERENCE FORM

THE PERSON NAMED BELOW IS APPLYING FOR A POSITION IN THE DIOCESE OF MANCHESTER. PLEASE PROVIDE A CONFIDENTIAL STATEMENT CONFIRMING THAT THIS APPLICANT IS A PRACTICING MEMBER OF HIS/HER FAITH AND OTHER RELEVANT INFORMATION THAT WOULD SPEAK TO THIS CANDIDATE'S ABILITY TO LEAD IN A CATHOLIC SCHOOL ENVIRONMENT .

Applicant's Name

School

Clergy Name

Position

Parish

City/Town

Clergy Signature

Date

PLEASE MAIL COMPLETED REFERENCE TO: CATHOLIC SCHOOLS OFFICE, 153 Ash Street, Manchester, NH 03105