

References cannot be Priests, Deacons, Religious, Family, Parish Staff or SEAS Staff

## *Reference Information*

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

The applicant above has been required by the Archdiocese of Oklahoma City to submit three references to accompany their application to work with the youth or elderly in any capacity at the **Catholic Parish of Saint John the Baptist** and/or **St. Elizabeth Ann Seton School**. Please complete this reference if you are over 18 years of age and return it immediately to:

**The Catholic Parish of St. John the Baptist**

**Attn: Angela Holt**

**PO Box 510**

**Edmond, Oklahoma 73083**

Or email to [aholt@stjohn-catholic.org](mailto:aholt@stjohn-catholic.org) or Fax: 405-340-5715

1. What is the length of time you have known the applicant?  
\_\_\_\_\_
2. In what capacity?  
\_\_\_\_\_
3. How long has he/she lived in Edmond? \_\_\_\_\_
4. Have you observed him/her working with young people or the elderly?  
\_\_\_\_\_
5. Does he/she ever speak to you about their involvement in the church?  
\_\_\_\_\_
6. Is there other information that you can share that will help us to know if the applicant will work well with young people or the elderly?  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you know, or have you heard anything about this applicant which we should consider in deciding whether to allow him/her to work with the youth or elderly of our Parish?  
\_\_\_\_\_  
\_\_\_\_\_

Respondent's Name:

Printed \_\_\_\_\_ Signature \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Date \_\_\_\_\_