

**Diocese of Gary Schools
9292 Broadway
Merrillville, IN 46410**

PASTOR/SPIRITUAL LEADER APPROVAL FORM

To Applicant:

This form is an important part of your application for a teaching position in a Catholic school of the Diocese of Gary, since our schools are primarily concerned with offering the best possible Catholic education. Please take this to your pastor or appropriate spiritual leader and ask them to complete this form and return it directly to the Diocesan Schools Office.

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE (_____) _____

Applying for a teaching position in: Elementary School _____ High School _____

To Pastor/Spiritual Leader:

Your signature indicates that this applicant is known to you and is a practicing member of your faith community. Any comments you care to make will be appreciated and respected in confidence. This form should be returned directly to the Diocesan Schools Office rather than sent through the applicant.

NAME OF PARISH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____

PASTOR/SPIRITUAL LEADER NAME (please print) _____

PASTOR/SPIRITUAL LEADER SIGNATURE _____

DATE _____

REMARKS _____
