



Totus Tuus

Summer Parish Mission for Youth

Referral Form



The following information should be completed by the applicant before this form is forwarded and completed by the reference person.

Applicant's Information

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Home / Cell Phone _____ Work _____

The following is to be completed by the referent only. Upon completion of this referral return it to the Office of Evangelization before February 1, 2020. Thank you for your time in filling out this referral. Please know that all of the information presented will be confidential. If you have any questions, please call Sean Martin at 219-769-9292 or email smartin@dcgary.org.

Referent's Information

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Home / Cell Phone _____ Work _____

Date Completed _____

Return by February 1, 2020 to:

Diocese of Gary
Office of Evangelization
9292 Broadway
Merrillville, IN 46410

Please describe your relationship to the applicant, and how long you have known him or her.

How familiar are you with youth ministry or specifically Totus Tuus?

Please comment on the applicant's involvement in the Catholic Church.

Would this person be a good example and role model for a young person? Please explain.

Please take this opportunity to include any additional information we should know when hiring for this position.

Signature

Date