



**TOTUS TUUS**  
**Catholic Diocese of Salina**  
**Religious Education Office**  
**103 N. Ninth Street**  
**Salina, KS 67401**  
**785-827-8746 fax: 785-827-6133**



## **2017 Reference Form**

Applicant's Name \_\_\_\_\_

### **Referent Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

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

Describe your relationship to the applicant and how long you have known him or her.

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

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

Would this person be a good role model for a young person? Explain.

Please include any additional information we should know and take into consideration when making our decision.

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Signature

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Date

Please return this reference form to Sister Barbara Ellen at [barbcsj@salinadiocese.org](mailto:barbcsj@salinadiocese.org) or mail to the address below by February 14, 2017.

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