



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



2018 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.

Signature

Date

Please return this reference form to Sister Barbara Ellen at barcsj@salinadiocese.org or mail to the address below by February 4, 2014.

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