

Totus Tuus of Sioux Falls

SUMMER CATECHETICAL PROGRAM

523 N Duluth Ave, Sioux Falls, SD 57104

egallagher@sfcatholic.org

REFERRAL FORM

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

Applicant's Information

Name _____

Perm. Address _____

City _____ State _____ Zip _____

Phone _____ Work _____

The following is to be completed by the referent only. Upon completion of this referral return it to the TOTUS TUUS of Sioux Falls office (address above). Please send it before or on February 15, 2019. Thank you for your time in filling out this referral. Please know that all the information you present about the applicant will be held confidential. You may email responses to the email address above.

Referent's Information

Name _____ Date _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

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

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 example of a role model for a young person? Please explain.

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

Signature

Date