



The Catholic
Archdiocese
of Edmonton

Teresa Kellendonk
Coordinator, Office of Pastoral Care
8421-101 Avenue
Edmonton, AB T6A 0L1

Dear Mrs. Kellendonk,

I have recently met with _____, a parishioner of my parish,
Name of Parishioner

_____. He/she has informed me of his/her genuine interest of
Name of Parish

serving within the Pastoral Care Ministry. I am aware he/she will participate in the **Ministry of**

Pastoral Care: Certificate Program for Volunteers being offered by the Office of Pastoral Care,

Friday, April 21 and Saturday, April 22, 2017 at Newman Theological College.

Based on my experiences and interactions:

- I feel he/she **would** be well suited for this specialized ministry and am therefore **granting permission** to participate in this training program.
- I feel he/she **would not** be well suited for this specialized ministry and am therefore **Denying permission** to participate in this training program.

Sincerely,

Pastor's Signature

Print Name

Dated the _____ day of _____, 20 _____