Archdiocese of Galveston-Houston
Catholic Chaplain Corps
Pastoral Care Training Recommendation form for PASTORS
(or parish representative designated by the pastor)

I, _____________________________, in my capacity as pastor /representative of _____________________________ Parish recommend the following to be invited as a participant in Pastoral Care Training courses.

Name: _____________________________
Address: _____________________________
City, TX Zip: _____________________________
Home Phone: _____________________________
Office Phone: _____________________________
Cell Phone: _____________________________
E-Mail: _____________________________

Please describe the kinds of pastoral care ministry that suggest that this nominee has the ‘compassionate heart of a servant’ and should be considered as a participant:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Signature: _____________________________  Date: ________________

Pastor / Rep email: _____________________________

Mail or email to: Denice Foose, Catholic Chaplain Corps, 4206 South MacGregor Way, Houston, TX 77006
dfoose@archgh.org  For more information call: 713-747-8445