

**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](mailto:dfoose@archgh.org) For more information call: 713-747-8445