

**Archdiocese of Galveston-Houston
Catholic Chaplain Corps
Pastoral Care Training Recommendation form for PASTORS**

I, _____, in my capacity as pastor 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 email: _____

Mail to: Dcn. Al Vacek, Catholic Chaplain Corps, 4206 South MacGregor Way, Houston, TX 77006

For more information call: 713-747-8445