

DIOCESE OF LAFAYETTE CONFIRMATION RETREAT TEAM
REFERRAL FORM

Name _____

Address _____ City _____ Zip _____

Phone(s) _____ Email _____

Church _____ City _____

Name of Pastor _____ DRE _____ Youth Minister _____

Referred by _____ Contact info _____

***Please attach additional references and contact information**

Current Safe Environment Status ___yes ___no

Current commitments and schedules, include weekends

Please list and describe ministry experience and training, include years

List and describe youth retreat experiences and responsibilities

Please return to: rbrown@diolaf.org or fax: 337-261-5556