

**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: Denice Foose, Catholic Chaplain Corps, 4206 South MacGregor Way, Houston, TX 77006

For more information call: 713-747-8445