



**Reference Form for New Word on Fire Ambassador**

\_\_\_\_\_ has my approval to be the  
(Your Name)

liaison between **Word on Fire Catholic Ministries** and

\_\_\_\_\_. I confirm that \_\_\_\_\_  
(Name of Parish, Diocese or Group) (Your Name)

is a practicing Catholic in good standing with the Church and is fit to contribute to the mission of the Church.

Signed:

\_\_\_\_\_  
(Pastor, Bishop or other Clergy member associated with the group)

**Please provide the information below for the Pastor, Bishop or other Clergy member who signed above:**

Pastor/Bishop/Other Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

***Please scan and email or fax this completed form back to Peggy Pandaleon at Word on Fire Catholic Ministries:***

***[ppandaleon@wordonfire.org](mailto:ppandaleon@wordonfire.org)***

***Fax: 847-581-4295***

***Phone: 847-581-4223***