

CATHOLIC RELIGIOUS EMBLEM COUNSELOR/FACILITATOR APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: H) _____ B) _____ Cell) _____

Date of Birth: _____ E-Mail _____

Marital Status: _____ Occupation: _____

Employer: _____ Parish: _____

Primary Scouting Position: _____ Scout Unit: _____

Religious Background (Please check ALL that apply) Use additional paper if necessary

- | | |
|---|--|
| <input type="checkbox"/> Catholic Elementary School | <input type="checkbox"/> Elementary CCD Program |
| <input type="checkbox"/> Catholic High School | <input type="checkbox"/> High School CCD Program |
| <input type="checkbox"/> Catholic University | <input type="checkbox"/> RCIA Program |
| <input type="checkbox"/> Other – Specify: _____ | |

Adult religious/faith continuing education:

- | | |
|---|--|
| <input type="checkbox"/> Parish CCD/PSR Teacher | <input type="checkbox"/> RENEW Leader |
| <input type="checkbox"/> Catholic Faith Workshops/Courses | <input type="checkbox"/> VIRTUS Training |
| <input type="checkbox"/> Other – Specify: _____ | |
- _____
- _____

Parish/Church Activities: _____

Scouting Background (List positions with dates, locations and awards): _____

Community Activities, Civic Awards, hobbies, and other Interests: _____

Explain why you want to be a Religious Emblems Counselor: _____

REFERENCES: The following people have known me for some time and would be willing to provide the committee a reference:

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Name: _____ Phone No. _____

I, the undersigned, hereby make application to become a Religious Emblems Counselor. The information provided herein is true and correct. I authorize the Diocesan Catholic Committee on Scouting to contact the above-named references.

Applicant's Signature Date

PARISH ENDORSEMENT

I, the undersigned, certify that the above-mentioned person is an active member of my parish. I further endorse this person as a Religious Emblems Counselor, within this Diocese, with the duty and responsibility of guiding the faith development of Catholic youth. To my knowledge, the above-mentioned person is qualified to work with youth in accordance with our Diocesan Youth Protection Policy.

Pastor or his designate Date

FOR ARCH/DIOCESAN USE ONLY

Certification Record

BSA Registration Verified: _____	Scouter Development: _____
Counselor Training: _____	Youth Protection Training: _____
References Checked by: _____	Date: _____
Interviewed by: _____	Date: _____
Approved: _____	Date: _____

For the following emblems:

_____ Pack Religious Emblem Coordinator _____ Ad Altare Dei _____ Light is Life _____ Pope Pius XII

Commission valid until: _____ Religious Emblem Counselor Number: _____
