Suggested Religious Emblem Counselor Application

Name:	Date:
Address:	
City:	State: Zip:
Phone No: H)B)	Date of Birth:
Marital Status:	Occupation:
Employer:	Parish:
Primary Scouting Position:	Scout Unit:
Religious Background (Please Check AL)	
	High School CCD Program RCIA Program
Adult religious/faith continuing education:	
Parish CCD/PSR Teacher Catholic Faith Workshops/Course	RENEW Leader es - If YES, please list:
Other - Specify:	
Scouting Background (List positions with	
Community Activities, Civic Awards, Ho	bbies, & Other Interests:

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·	ne for some time and would be willing to provide the committee
Name:	Phone No.
	Phone No.
Name:	Phone No.
I, the undersigned, hereby make application to become is true and correct. I authorize the Diocesan Catholic Comm	a religious emblems counselor. The information provided herein nittee on Scouting to contact the above named references.
Applicant's Signature	Date
PARISH ENDORSEMENT	
with our diocesan youth protection policy. Pastor or his designate	Date
FOR ARCH/DIOCESAN USE ONLY	
	tion Record
BSA Registration Verified: Counselor Training: References Checked by: Interviewed by: Approved: For the following emblems:	Scouter Development: Youth Protection Training: Date: Date:
Pack RE Coordinator Ad Altare Dei	Light is Life Pope Pius XII
Commission valid until: RE Couns	elor Number: