

**ARCHDIOCESE OF CINCINNATI
CATHOLIC COMMITTEE ON SCOUTING
RELIGIOUS EMBLEM COUNSELOR 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: _____

National BSA Registration #: _____ Sponsoring Organization: _____

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

_____ Catholic Elementary School	_____ Elementary CCD Program
_____ Catholic High School	_____ High School CCD Program
_____ Catholic University	_____ RCIA Program
_____ Other – Specify: _____	

Adult religious/faith continuing education (Please check ALL that apply)

_____ Parish CCD/PSR Teacher	_____ RENEW Leader
_____ Catholic Faith Workshops/Courses - If YES, please list _____	
_____ Other – Specify _____	

Training Courses (Please provide approx. dates)

Scouting Youth Protection _____	Scouter Development _____
Archdiocese Youth Protection _____	Counselor Training for the following emblems:
Archdiocese Finger Printing _____	_____ Ad Altare Dei _____ Pope Pius XII
	_____ Pack Religious Emblems Coordinator
	_____ Troop Religious Emblems Coordinator

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: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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.

Signature of Applicant

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.

Signature of Pastor or his designate

Date

SEND THIS COMPLETED FORM TO: Catholic Committee on Scouting
Archdiocese of Cincinnati
Office of Youth & Young Adult Ministry
100 East Eighth Street
Cincinnati, OH 45202-2150

FOR ARCHDIOCESAN USE ONLY

Verification Record

BSA Registration Confirmed: _____

Counselor Training Completed: _____

Scouter Development Course: _____

Finger Printed by Archdiocese: _____

Scouting Youth Protection Training:

Archdiocese Youth Protection Training:

Date _____

Date _____

Date _____

Date _____

References Checked by: _____

Applicant Interviewed by: _____

Approved by _____ for the following positions: _____ Ad Altare Dei Counselor
_____ Pope Pius XII Facilitator _____ Pack Emblems Coordinator _____ Troop Emblems Coordinator

Commission Valid Until: _____

Religious Emblem Counselor #: _____