**Archdiocesan Notification of  
Intent to Begin a Catholic Scouting Religious emblem Program**

Please make a copy of this form and send to your **Catholic Committee on Scouting Council Chair** three weeks ***prior*** to the beginning of your class.

Visit the Catholic Committee on Scouting Archdiocese of Los Angeles (CCSALA) website at <http://www.ccsala.org/org.html> for a list of Council Chairs

**Class Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Program: |  | Proposed Number of Students: |  |
|  | (Ad Altare Dei ~ Light is Life ~ Pope Pius XII) |  |  |

**Counselor Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | | Date: | |  | |
|  | |  | | | | | | | | | | | |  | | (MM/DD/YYYY) | |
| Address: | | |  | | | | | | | | | | | | | | |
| City: |  | | | | | | | | State: | CA | | | ZIP: | |  | | |
| Phone Number: (XXX) XXX-XXXX | | | |  |  |  |  | | | |  |  | | | | |
|  | | | |  | Home |  | Business | | | |  | Cell | | | | |
| Email Address: | | | |  | | | |

**Scouting Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unit Type: |  | Unit Num: |  | |
| Council: |  | | | District: | |  |

**Training Information**

(Provide dates)

|  |  |  |  |
| --- | --- | --- | --- |
| LiveScan: |  | Virtus Training Certificate: |  |
|  | (MM/DD/YYYY) |  | (MM/DD/YYYY) |
| Religious Emblems Counselor Training Certificate: |  | BSA Youth Protection Training: |  |
|  | (MM/DD/YYYY) |  | (MM/DD/YYYY) |

**Parish Endorsement**

I hereby certify that the above named person is a member of my parish, has received LiveScan, is current in VIRTUS training, and that I have no objection to his/her functioning as a youth minister to youth in the Catholic Committee on Scouting for the Archdiocese of Los Angeles programs.

If for any reason I later want to rescind this certification, I will contact the CCSALA Committee Chair (Maureen Brown at 323-255-3824 or [mab4swim@aol.com](mailto:mab4swim@aol.com)).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pastor’s Signature: | | | |  | | | | Date: | | |  |
| (or designee) | | | |  | | | |  | | | (MM/DD/YYYY) |
|  | | | | |  | | | | | | |
| Pastor’s Name (please print): | | | | |  | | | | | | |
| Parish Name: | |  | | | | | | | | | |
| City: |  | | | | | State: | CA | | ZIP: |  | |
| Phone Number: | | |  | | | | | | | | |
|  | | | (XXX) XXX-XXXX | | | | | | | | |

***Place Parish Seal Here***