**Religious Emblem Counselor Application**

**Adult Volunteer Information**

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

**Scouting Information**

|  |  |
| --- | --- |
| Primary Scouting Position: |  |
| Unit Type: |  | Unit Num: |      |
| Council: |  | District: |       |

**Religious Background**

(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**

(Check all that apply. Use additional paper if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Parish CCD/PSR Teacher | [ ]  | RENEW Leader |
| [ ]  | Catholic Faith Workshops – If Yes, list below: |
|       |
| [ ]  | Other – list below: |
|       |

**Parish/Church Activities**

(List below)

|  |
| --- |
|       |

**Scouting Background**

(List positions with dates, locations, and awards)

|  |
| --- |
|       |

**Community Activities, Civic Awards, Hobbies, and other Interests**

(List below)

|  |
| --- |
|       |

**Explain why you want to be a Religious Emblems Counselor**

(List below)

|  |
| --- |
|       |

**References**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Phone Number: |       |
| Name: |       | Phone Number: |       |
| Name: |       | Phone Number: |       |

I, the undersigned, hereby make application to become a Religious Emblems Counselor. The information provided herein is true and correct. I authorize the Catholic Committee on Scouting Archdiocese of Los Angeles (CCSALA) to contact the above named references.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Applicant’s Signature |  | Date |

**Parish Endorsement**

I, the undersigned, certify that the above-mentioned person is a member of my parish. I further endorse this person as a Religious Emblems Counselor, within this Archdiocese, 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 Archdiocesan Youth Protection Policy.

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

**For Archdiocesan Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| BSA ID#: |       | Youth Protection Training: |       |
| BSA Registration Exp Date: |       | Scouter Development: |       |
| Virtus Training: |       | LiveScan Fingerprinted: |       |
| Counselor Training Date:(valid for 3 years) |       |

|  |  |  |  |
| --- | --- | --- | --- |
| References Checked by: |       | Date: |       |
| Interviewed by: |       | Date: |       |
| Approved by: |       | Date: |       |

Approved for the following:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Pack Religious Emblems Coordinator | [ ]  | Ad Altare Dei | [ ]  | Lite is Life | [ ]  | Pope Pius XII |

|  |  |  |  |
| --- | --- | --- | --- |
| Commission valid until |       | Religious Emblem Counselor Number |       |