



Atlanta Archdiocesan Catholic Committee on Scouting



Archdiocese Notification of Intent to Begin Religious Emblems Program

(Make copies of this form and three weeks prior to the beginning of each course send a copy to the Archdiocese Catholic Committee, Attn: Tommy Treat 3372 Corral Drive NE, Marietta, GA 30066)

Date of Notification: _____/_____/_____

Counselor Information:

Counselor Name: _____

Address: _____

City/State/Zip Code: _____

Telephone #: (_____) _____ -- _____

E-mail Address: _____

Date I received my Religious Emblem Counselors Training: _____/_____/_____
(Must be valid within 3 years)

Date I received my BSA Youth Protection Training: _____/_____/_____
(Must be valid within 2 years)

Date I received my Archdiocese Youth Protection Training: _____/_____/_____

Pastor's Approval:

Parish _____

I hereby certify that the above named person is a member of my parish, has completed the Archdiocese Volunteer Application and Background Checks, and have no objections to his/her functioning as a youth minister in the Religious Emblems Program.

Pastor's Signature: _____ Date: _____

Program Information: Circle program: (Ad Altare Dei)(Pope Pius XII)(Light of Christ)(Parvuli Dei)

Date Program is Starting _____ Number of Participants: _____

Person assisting (maintain 2-deep leadership): _____