

**DIOCESE OF HONOLULU CATHOLIC COMMITTEE ON SCOUTING
RELIGIOUS EMBLEMS COORDINATOR (REC) APPLICATION**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: H) _____ W) _____ Cell) _____

Date of Birth: _____ E-Mail: _____

Marital Status: _____ Occupation: _____

Employer: _____ Parish: _____

Primary Scouting Position: _____ Scout Unit: _____

Scout Council/District/Service Unit: _____

What Religious Emblem will you lead? When will you start?: _____

Religious 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:

____ Parish CCD/RE Teacher

____ RENEW Leader

____ Catholic Faith Workshops/Courses – If YES, please list: _____

____ Other – Specify: _____

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 Coordinator (REC):

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

Name: _____ Phone No: _____

Name: _____ Phone No: _____

Name: _____ Phone No: _____

I, the undersigned, hereby make application to become a Religious Emblems/Awards Counselor/Facilitator. The information provided herein is true and correct. I authorize the Diocese of Honolulu Catholic Committee on Scouting to contact the above named references.

Applicant's Signature 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/Awards/Recognitions Coordinator/Counselor/Facilitator, 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.

Pastor or his designate (Print & Sign) Parish Name Date

FOR DHCCS USE ONLY

Certification Record
(initial and date)

Scout Org Youth Protection Training Certificate: _____

DHCCS REC Training: _____

[Diocese of Honolulu VIRTUS Training Certificate/STV\(w/in 5 years\) \(Safe Environment Training & Background Check\)](#): _____

Diocese of Honolulu Safe Environment Office check: _____

References Checked by: _____ Date: _____

Interviewed by: _____ Date: _____

Approved: _____ Date: _____

Training valid until: _____

Religious Emblems Counselor Number: _____