Diocese of Honolulu Catholic Committee on Scouting Religious Emblem Counselor/Facilitator Application

Name:	Date:		
Address:			
		Zip:	
Phone:		Okay to Text? Yes	
Date of Birth:	(mm/dd/yyyy) E-Mail:		
Marital Status:	Parish Name/City:		
Occupation:	Employer:		
Primary Scouting Position:		Scout Unit:	
Scout Council/District/Service	Unit:		
What Religious Emblem will	you lead? Ad Altare Dei	□ Pope Pius XII	
When do you plan to start?			
 □ Parish Youth Ministry: □ RCIA/OCIA Process I have/currently am involved i □ Catholic School Educator: □ Parish Religious Education □ Youth Minister: □ Element □ RCIA/OCIA Catechist 	□ Elementary School □ MiddMiddle School □ High School n: □ Elementary □ Middle □ Hi Catechist: □ Elementary □ M	gh □ University iddle □ High	
	, <u>, , , , , , , , , , , , , , , , , , </u>		
your diocese or other equivale	nt programs):		ication from
Scouting Background (please			ble):

Community Activities, Civic Awards, Hobbies,	and other Interests:
Explain why you want to be a Religious Embler	ms Counselor/Facilitator:
REFERENCES: The following people have kn committee a reference:	nown me for some time and would be willing to provide the
Name:	Phone:
Name:	Phone:
Name:	Phone:
Scouting to contact the above-named references.	I authorize the Diocese of Honolulu Catholic Committee on
Applicant's Signature	Date
PARISH ENDORSEMENT	
this person as a Religious Emblems Counselor/Fa	ned person is an active member of my parish. I further endorse cilitator, within this Diocese, with the duty and responsibility of To my knowledge, the above-mentioned person is qualified to Safe Environment Policy.
Pastor Signature (or designee)	Date
	NLY – CERTIFICATION RECORD Initial and Date)
Scout Org Registration Verified: Sco	ut Org Youth Protection Training:
Counselor/Facilitator Training Date (valid for 3 years)	ears):
Diocese of Honolulu VIRTUS Training:	Background Screening:
References Checked by:	Date: Date:
Approved by:	
Commission valid until: Religious I	