



## Diocesan Notification of Intent to Begin Religious Emblem Program

*Make copies of this form and send to the Austin Diocese Catholic Committee on Scouting three weeks prior to the beginning of each course conducted.*

Date of Notification: \_\_\_\_\_

Religious Emblem Program: \_\_\_\_\_

*(e.g. Ad Altare Dei, Pope Pius XII, Marian Medal, Spirit Alive, Misso, God and My Community, Women of Integrity )*

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### Counselor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parish: \_\_\_\_\_ City: \_\_\_\_\_

Date of my current Lay Apostolate Formation Training certificate: \_\_\_\_\_

Date of my current Religious Emblem's Counselor Training certificate: \_\_\_\_\_

Date of my current Ethics and Integrity Training certificate (every 3 years) \_\_\_\_\_

Date of my current Boy Scout Youth Protection certificate (if applicable): \_\_\_\_\_

It is my intention to work with youth to complete the indicated religious medal. Through this program, I will work to share my Catholic faith and assist these young people to the best of my ability. I understand that proper adult training is required and the youth are required to attend an approved retreat for some programs.

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Pastor's Approval:

I hereby certify that the above named person is a member of my parish, and have no objections to his/her functioning as a minister to youth in the Catholic Scouting Religious Emblem Program.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Program Information:

Date Program is to Start: \_\_\_\_\_ Number of Participants Anticipated: \_\_\_\_\_

Location of Meetings: \_\_\_\_\_

Address of Meetings: \_\_\_\_\_

Day of week meeting will be held on: \_\_\_\_\_

Frequency of Meeting: \_\_\_\_\_ Time of Meetings: \_\_\_\_\_

Person Assisting Name: \_\_\_\_\_

Parish: \_\_\_\_\_ City: \_\_\_\_\_

Date of his/her Religious Emblem's Counselor Training certificate: \_\_\_\_\_

Date of his/her Boy Scout Youth Protection Training certificate: \_\_\_\_\_

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**Please email completed form to [dccs-emblems@austindiocese.org](mailto:dccs-emblems@austindiocese.org)**