

# Archdiocese of Cincinnati Notification of Intent to Begin a Religious Emblem Program

## Ad Altare Dei or Pope Pius XII

(Please Circle)

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

### Counselor Information: PLEASE PRINT

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

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

Troop #: \_\_\_\_\_ Chartering Organization: \_\_\_\_\_

I am a Trained Religious Emblems Counselor

I am compliant with the Archdiocese of Cincinnati Youth Protection Program and Scout Youth Protection Training

### Pastor's Approval:

I hereby certify that the above-named person is a member of my parish and have no objection to his/her functioning as a youth minister in the Ad Altare Dei or Pope Pius XII Religious Emblems program.

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

### Program Information:

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

Location and Address of Meetings: \_\_\_\_\_

Day and Time of Meetings: \_\_\_\_\_ Frequency of Meetings: \_\_\_\_\_

Name of Adult Assisting with the Program: \_\_\_\_\_

This adult is in compliance with the Archdiocesan Youth Protection Program.

Signature of Counselor: \_\_\_\_\_

Email form to: Tom Wiles [tjwiles83@gmail.com](mailto:tjwiles83@gmail.com)

Or mail to: Catholic Committee on Scouting, Archdiocese of Cincinnati, 100 East Eighth Street, 9<sup>th</sup> Floor, Cincinnati, OH 45202-2150