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

Name:	Date:	
Address:		
		Zip:
Phone:		Okay to Text?
Date of Birth:	(mm/dd/yyyy) E-Mail:	
Marital Status:	Parish Name/City:	
Occupation:	Employer:	
Primary Scouting Positio	n:	Scout Unit:
Scout Council/District/Se	ervice Unit:	
What Religious Emblem	will you lead?   Ad Altare Dei	□ Pope Pius XII
When do you plan to star	rt?	
<b>Religious Education/Fa</b> necessary.	ith Formation Background (Please	e check ALL that apply) Use addition
I attended/participated in	:	

r attended participated in.
□ Catholic School: □ Elementary □ Middle □ High
□ Catholic University
□ Parish Religious Education: □ Elementary School □ Middle School
□ Parish Youth Ministry: □ Middle School □ High School
RCIA/OCIA Process
I have/currently am involved in:
□ Catholic School Educator: □ Elementary □ Middle □ High □ University
□ Parish Religious Education Catechist: □ Elementary □ Middle □ High
□ Youth Minister: □ Elementary □ Middle □ High
RCIA/OCIA Catechist
□ Liturgical Minister (ie. Lector, Extraordinary Minister of Holy Communion, Usher, etc.)

I have taken the follow Catholic faith courses/workshops (please note if you have completed certification from your diocese or other equivalent programs):

Scouting Background (please note positions with dates, locations and awards received, if applicable):

Community Activities, Civic Awards, Hobbies, and other Interests:

Explain why you want to be a Religious Emblems Counselor/Facilitator:

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

Name:	Phone:
Name:	Phone:
Name:	Phone:

I, the undersigned, hereby make application to become a Religious Emblems 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 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 Safe Environment Policy.

Pastor Signature (or design	nee) Date
FOR DHCCS U	SE ONLY – CERTIFICATION RECORD (Initial and Date)
Scout Org Registration Verified:	Scout Org Youth Protection Training:
Counselor/Facilitator Training Date (valid for	or 3 years):
Diocese of Honolulu VIRTUS Training:	Background Screening:
References Checked by: Interviewed by:	Date: Date:
Approved by: For the following:	Date: Light is Life
Commission valid until: Relig	ious Emblems Counselor/Facilitator Number: