Arch/Diocesan Notification of Intent to Begin a Pope Pius XII Program

(Make copies of this form and send to the Arch/Diocesan Chaplain three weeks prior to the beginning of each course conducted. If you do not know your Chaplain, contact your Chancery Office.)

Date of Notification:	
Counselor Information:	
Name:	
	_ City:
Date of my current Religious Emblems Counse	lor's Training certificate:
Date of my current Boy Scout Youth Protection	Training certificate:
Date of my certificate of (arch) diocesan/eparch with the USCCB Charter for the Protection of C	
Date of my current Boy Scouts of America regi	stration expiration and position:
Pastor's Approval:	
I hereby certify that the above-named person is functioning as a youth minister in the Pope Pius	a member of my parish and have no objection to his/her 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 of week meetings will be held:	
Frequency of Meetings:	Time of Meetings:
Name of Person Assisting:	
Parish:	City:
Date of his/her Religious Emblems Counselor's	Training certificate:
Date of his/her Boy Scout Youth Protection Tra	ining certificate:

(Copy this form and complete before each Pope Pius XII Program is conducted)

(Reproduce locally for future use)