



DIOCESE OF BATON ROUGE
CATHOLIC COMMITTEE ON SCOUTING

c/o Our Lady of Mercy Church
Attn: Religious Emblem Chairman
445 Marquette Avenue, LOUISIANA 70806

A Way to Christian Leadership

RELIGIOUS EMBLEM COUNSELOR APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: H) _____ B) _____ Cell) _____

Date of Birth: _____ E-Mail _____

Marital Status: _____ Occupation: _____

Employer: _____ Parish: _____

Primary Scouting Position: _____ Scout Unit: _____

Religious Background (Please check ALL that apply) Use additional paper if necessary

____ Catholic Elementary School

____ Elementary PSR Program

____ Catholic High School

____ High School PSR Program

____ Catholic University

____ RCIA Program

____ Other-Specify: _____

Adult Religious/Faith continuing education:

____ Parish PSR Teacher

____ Catholic Faith Workshops/Courses - If YES, please list:

Other: _____

Parish/Church Activities: _____

Scouting Background (List positions with dates, locations and awards):

Community Activities, Civic Awards, hobbies, and other Interests: _____

Explain why you want to be a Religious Emblems Counselor: _____

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

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Name: _____ Phone No. _____

I, the undersigned, hereby make application to become a Religious Emblems Counselor. The information provided herein is true and correct. I authorize the Diocesan 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, 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 Youth Protection Policy.

Priest: _____ Church Parish: _____

Date: _____

FOR CATHOLIC COMMITTEE ON SCOUTING DIOCESAN USE ONLY

Certification Record

Revised 1/2016

BSA Registration Verified: _____

GS Registration Verified: _____

American Heritage Girls Verified: _____

Junior Catholic Daughters of Americas Verified: _____

Camp Fire Verified: _____

Scouter Development Verified: _____

REC Training: _____ Youth Protection Training: _____

References Checked by: _____ Date: _____

Interviewed by: _____ Date: _____

Approved: _____ Date: _____

For the following Religious Emblems:

_____ BSA Pack Religious Emblem Coordinator

_____ BSA Troop

_____ Venturing Crew

_____ Sea Ship Crew

_____ Ad Altare Dei _____ Light is Life _____ Pope Pius XII

_____ Girls Scouts

_____ American Heritage Girls

_____ Junior Catholic Daughters of Americas

_____ Camp Fire

Commission valid until: _____

Religious Emblem Counselor Number: _____