



NOTIFICATION OF INTENT TO BEGIN SCOUTING RELIGIOUS EMBLEMS PROGRAM

Counselor Information-

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Parish: _____ City: _____

Date of my current Religious Emblems Counselor Training Certificate: _____

Date of my last Diocesan Safe Environment Training: _____

Emblems Program Information-Please indicate which program you plan to coordinate, counsel or facilitate and indicate the estimated number of participants. *(Please complete a separate form for each program as applicable.)*

- Family of God _____
- I Live My Faith _____
- Mary, The First Disciple _____
- Spirit Alive _____

Date Program to Start: _____

Location of Meetings: _____

Day of week meetings will be held on: _____

Frequency of Meeting: _____ Time of Meetings: _____

Name of Person Assisting: _____

Parish: _____ City: _____

Date of his/her Religious Emblem's Counselor Training Certificate: _____

Date of his/her current Diocesan Safe Environment training: _____

(Please note—all coordinators, counselors, facilitators and assistants should be trained and must be in compliance with Diocese of Phoenix Safe Environment training requirements before starting a program.)

DIOCESAN COMMITTEE USE ONLY

Training date confirmed: _____ SET compliance confirmed: _____

Diocesan Committee Approval: _____ Date of Notification: _____
(signature)