



NOTIFICATION OF INTENT TO BEGIN A POPE PIUS XII PROGRAM



Counselor Information:

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Parish: _____ City: _____

Date of my current Religious Emblems Counselor Training certificate: _____
(PhxDCCS issued)

Date of my current Boy Scout Youth Protection Training certificate: _____
(myscouting.org)

Date of my last diocesan Safe Environment Training*: _____
(Diocese of Phoenix-Foundation or renewal course)

Date of my current Boy Scouts of America registration expiration and position: _____

Pastor's Approval:

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

Pastor's Signature: _____

Program Information:

Date Program is to Start: _____ Number of Participants Anticipated: _____

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 Boy Scout Youth Protection 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)

(Please copy this form and complete before each Pope Pius XII Youth Ministry program is conducted.)

