

Catholic Diocese of Evansville

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Certification to Counsel a Religious Emblem Program for Girl or Boy Scouts

Please read and note:

All adults working as religious emblems counselors must be trained and/or certified prior to counseling youth in scouting and show proof of being registered in or with the appropriate scouting organization. No session can begin and no workbooks will be issued until Certifications and the Intent form have been signed and approved by counselor's own pastor and submitted to the chaplain along with proof of scouting registration for verification. This form should be sent to the Scout Chaplain within two weeks after a counselor training session. An Intent Form along with an approved Certification should be sent three weeks prior to beginning the scout's counseling sessions. Send this form to the attention of the Scout Chaplain at the above address of the Diocese of Evansville. Verification of Certification by Diocesan Scout Chaplain Date this intent received by the Scout Chaplain (For Diocesan Office use) ********* COUNSELOR INFORMATION: Name _____ Address City/State/Zip Code _____ GSUSA ID #

Circle all emblem certifications that you presently hold.

Telephone (____)

Girl Scout (I Live My Faith, Marian, Spirit Alive)

Boy Scout (Ad Altare Dei, Pope Pius XII)

NOTE: Certification and training is necessary for each level of the religious emblems. Training need not be renewed unless changes occur in the diocesan or national requirements. Certification must be updated and approved with a change in pastor. The parish must perform the criminal background check on Girl Scout Leaders. Boy Scout leaders have a diocesan approved background check through the local Boy Scout Council Office and this is part of the annual BSA unit chartering process.

BSA ID #

PASTOR'S APPROVAL:

e-mail address

I hereby certify the above named person is a member of my parish, and I endorse him/her to function as a youth minister in our parish as a religious emblems counselor for the Catholic Girl or Boy Scout emblems program of the Catholic Church of this diocese.

Pastor's signature	Date
	Complete Reverse Side)
PROGRAM INFORMATION:	
Name of the Religious Emblem(s) to be c	ounseled