

Arch/Diocesan Notification of Intent to Begin an Ad Altare Dei 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: _____

Address: _____

City/State/Zip Code: _____

Parish: _____ City: _____

Date of my current Religious Emblems Counselor's Training certificate: _____

Date of my current Boy Scout Youth Protection Training certificate: _____

Date of my certificate of (arch) diocesan/eparchy youth protection training and background check in compliance with the USCCB Charter for the Protection of Children and Young People, 2002: _____

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 objection to his/her functioning as a youth minister in the Ad Altare Dei 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 Training certificate: _____

(Copy this form and complete before each Ad Altare Dei Program is conducted)