

**RELIGIOUS EMBLEM COUNSELOR APPLICATION  
FOR DIOCESAN/EPARCHIAL CATHOLIC COMMITTEES ON SCOUTING**

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: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Catholic Elementary School | <input type="checkbox"/> Elementary CCD Program  |
| <input type="checkbox"/> Catholic High School       | <input type="checkbox"/> High School CCD Program |
| <input type="checkbox"/> Catholic University        | <input type="checkbox"/> RCIA Program            |
| <input type="checkbox"/> Other – Specify: _____     |  |

**Adult religious/faith continuing education:**

- Parish CCD/PSR Teacher  RENEW Leader
- Catholic Faith Workshops/Courses - If YES, please list: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Other – Specify: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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.

\_\_\_\_\_  
Pastor or his designate Date

**FOR ARCH/DIOCESAN USE ONLY**

Certification Record

BSA Registration Verified: _____	Scouter Development: _____
Counselor Training: _____	Youth Protection Training: _____
References Checked by: _____	Date: _____
Interviewed by: _____	Date: _____
Approved: _____	Date: _____

For the following emblems:

\_\_\_\_\_ Pack Religious Emblem Coordinator \_\_\_\_\_ Ad Altare Dei \_\_\_\_\_ Light is Life \_\_\_\_\_ Pope Pius XII

Commission valid until: \_\_\_\_\_ Religious Emblem Counselor Number: \_\_\_\_\_

**BACKGROUND REFERENCES CHECKLIST**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parish: \_\_\_\_\_ City: \_\_\_\_\_

Type/Unit No.: \_\_\_\_\_ Sponsor: \_\_\_\_\_

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REFERENCES: (Use additional paper, if needed)

1. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Comments: \_\_\_\_\_

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1. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Comments: \_\_\_\_\_

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2. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Comments: \_\_\_\_\_

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Unless otherwise indicated, I, the undersigned contacted the above-listed references for the named applicant. I have noted their comments on this form. All comments I have received will be held in the strictest confidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach to Religious Emblems Counselor Application

**COUNSELOR TRAINING COURSE**

**PARTICIPANT EVALUATION**

1. What was the most meaningful part of this course? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Were there any sessions which you did not find meaningful? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What, if anything, could have made that session more meaningful? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. What topic did you wish could have been included or explained more in the course? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What could be done to improve the course? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Optional): \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Director's Name: \_\_\_\_\_

**CUB SCOUT RELIGIOUS EMBLEM EVALUATION FORM**  
**PACK RELIGIOUS EMBLEMS COORDINATOR**  
**EMBLEM: \_\_\_\_\_**

The Religious Emblems Committee of the National Catholic Committee on Scouting, to enable them to constantly monitor the effectiveness and viability of the *Light of Christ* and *Parvuli Dei* Religious Emblems Programs, developed this form. The information you provide will be of great help in achieving this purpose. Please print or type your answers. Forward completed form to:

NCCS, Pack Evaluation Form, 1325 W. Walnut Hill Lane, P.O. Box 152079, Irving, Texas 75015-2079.

1. How many Cub Scouts participated in the program? \_\_\_\_\_
2. What was the age span of the Scouts? \_\_\_\_\_
3. How long did it require for the Scouts and parents to complete the program? \_\_\_\_\_
4. How many meetings did you need to have with the parents? \_\_\_\_\_
5. How long were these meetings? \_\_\_\_\_
6. How many times have you coordinated this program before? \_\_\_\_\_
7. Describe the steps you took to become certified as a Pack Religious Emblems Coordinator and your religious educational background.  
\_\_\_\_\_  
\_\_\_\_\_

8. What average level of religious education had the Scouts received (e.g.: CCD, parochial school, none, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**PROGRAM INFORMATION:** Please answer all questions that apply to the program that you conducted, according to the following scale:

1 – Excellent    2 – Good    3 – Neutral    4 – Needs Improving    5 - Poor

- \_\_\_\_ 1. How would you rate the format of the Religious Emblem Program booklet?
- \_\_\_\_ 2. How would you rate the program with regard to how the Scouts enjoyed completing the requirements?
- \_\_\_\_ 3. How would you evaluate the overall content of the program?
- \_\_\_\_ 4. How would you describe the way in which the service projects related to the program?
- \_\_\_\_ 5. How would you rate the introduction, in specifying the requirements, procedure, and purpose of the program?
- \_\_\_\_ 6. Evaluate the program in relation to the ease the parent(s) had in presenting the program to the Scouts?
- \_\_\_\_ 7. Describe the age appropriateness of the program, knowing that the *Light of Christ* is designed for 1<sup>st</sup> grade boys and the *Parvuli Dei* is designed for 4<sup>th</sup> grade boys.
- \_\_\_\_ 8. How would you rate the training you received in helping you?

Please answer the following with as much information as possible. Use additional paper, if necessary.

1. Did the Scouts have any difficulty in completing a section? If so, which section proved the most difficult?

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2. Which part did the Scouts enjoy the most in completing?

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3. Did the parents have any trouble in presenting the program to their sons? If so, when during the program?

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4. From your experience, what could be done to improve the program?

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diocese: \_\_\_\_\_ Council: \_\_\_\_\_ Pack: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CUB SCOUT RELIGIOUS EMBLEM EVALUATION FORM  
PARENT**

**Emblem:** \_\_\_\_\_

The Religious Emblems Committee of the National Catholic Committee on Scouting, to enable them to constantly monitor the effectiveness and viability of the *Light of Christ* and the *Parvuli Dei* Religious Emblems Programs, developed this form. The information you provide will be of great help in achieving this purpose. Please print or type your answers. Forward the completed form to:

NCCS, Pack Evaluation Form, 1325 Walnut Hill Lane, P.O. Box 152079, Irving, Texas 75015-2079.

1. What was your son's age and grade? \_\_\_\_\_
2. How many sessions were needed to complete the program? \_\_\_\_\_
3. How long did these sessions last? \_\_\_\_\_
4. How long did it require to complete the program? \_\_\_\_\_
5. Did your Pack have a Pack Religious Emblems Coordinator to assist you? \_\_\_\_\_
6. How many times have you done this program before? \_\_\_\_\_
7. Describe your religious educational background. \_\_\_\_\_  
\_\_\_\_\_
8. What level of religious education has your son received (e.g.: CCD, parochial school, none, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**PROGRAM INFORMATION:** Please answer all questions that apply to the program that you conducted, according to the following scale:

1 – Excellent    2 – Good    3 – Neutral    4 – Needs Improving    5 - Poor

- \_\_\_\_ 1. How would you rate the format of the Religious Emblems Program booklet?
- \_\_\_\_ 2. How would you rate the program with regard to how your son enjoyed completing the requirements?
- \_\_\_\_ 3. How would you evaluate the overall content of the program?
- \_\_\_\_ 4. How would you rate the introduction in specifying the requirements, procedure, and purpose of the program?
- \_\_\_\_ 5. Evaluate the program in relation to the ease you had in presenting the program to your son?
- \_\_\_\_ 6. Describe the age appropriateness of the program, knowing that the *Light of Christ* is designed for 1<sup>st</sup> grade boys and the *Parvuli Dei* is designed for 4<sup>th</sup> grade boys.
- \_\_\_\_ 7. How would you rate the training you received in helping you?

Please answer the following with as much information as possible. Use additional paper, if necessary.

1. Did your son have any difficulty in completing a section? If so, which section proved the most difficult?

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2. Which part did your son enjoy the most in completing?

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3. Did you have any trouble in presenting the program to your son(s)? If so, when during the program?

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4. From your experience, what could be done to improve the program?

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diocese: \_\_\_\_\_ Council: \_\_\_\_\_ Pack: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_