Archdiocese of Cincinnati Catholic Committee on Scouting
Religious Emblem Adult Application

[ ] Coordinator [ ] Counselor [ ] Facilitator

Name: _____ Date:_____/_____/_____

Address: _____

City: _____ State:_____ Zip +4:_____-_____

Phone: (C)_____ (H)_____ (B)_____

Date of Birth: _____/_____/_____ E-Mail:_____

Marital Status: _____ Employer: _____

Occupation: _____

National Scouting America Registration Number: _____

Unit number where you are registered: Pack _____ Troop_____ Other_____

Council: [ ] Black Swamp [ ] Dan Beard [ ] Miami Valley [ ] Simon Kenton [ ] Tecumseh

Unit Sponsor: _____ Scouting Position: _____

Parish where you are registered: _____

Date of last completed Archdiocese Safe Parish Program: _____

Catholic Religious Education completed: [Please list where for all that apply.]

Catholic Elementary: _____ CCD/PSR: _____

Catholic High School: _____ CCD/PSR:_____

Catholic University: _____ Other: _____

Other: _____

Scouting Training: [Please provide approximate completion dates or copy of training record in myscouting.org.] Date you last completed the:

Scouting America Safeguarding Youth program: _____

Position Specific Course: _____

Scouter Development: _____

REFERENCES: The following people have known me for some time and have observed my work with youth. Please list individuals who are not related to you.

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

I, the undersigned, hereby make application to become a Religious Emblem Coordinator, Counselor, or Facilitator. The information provided herein is true and correct. I authorize the Archdiocese Catholic Committee on Scouting to contact the above-named references, as needed.

_____ _____/_____/_____

Signature of applicant 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 Emblem Counselor within this Archdiocese, 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 Archdiocese Youth Protection Policy.

Signature of Pastor: _____ Date: _____

SEND THIS COMPLETED FORM TO: Catholic Committee on Scouting
Archdiocese of Cincinnati
Center for the New Evangelization
100 East Eight Street 9th Floor
Cincinnati, OH 45202-2150

FOR ARCHDIOCESE USE ONLY Verification Record

_____ SA Registration confirmed _____ References contacted

_____ SA Youth Protection confirmed _____ AOC Safe Parish confirmed

Parish Family: _____ Scouting America Council _____ District _____

Approved for [ ] LOC [ ] PVD [ ] AAD [ ] e-AAD [ ] PPXII

[Note: See chapter 7 for e-AAD procedures.]

Approved by _____ Counselor Number _____

(Application for revised 2026 August 25).