



**Parish Endorsement**

I, the undersigned, certify that the aforementioned person is an active member of my parish. I further endorse this person as a Religious Emblems Counselor under the auspices of the Buffalo Diocesan Catholic Committee on Scouting with the duty and responsibility of guiding the faith development of Catholic youth. To my knowledge, the aforementioned person is qualified to work with youth in accordance with our Diocesan youth protection policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Pastor or Designee*

**Organization(s) Endorsement**

**(Note: Please complete an endorsement for each youth organization you serve)**

I, the undersigned, certify that the aforementioned person is an active member of the youth organization noted below. I further endorse this person as a Religious Emblems Counselor under the auspices of the Buffalo Diocesan Catholic Committee on Scouting with the duty and responsibility of guiding the faith development of Catholic youth. To my knowledge, the aforementioned person is qualified to work with youth in accordance with our organization’s youth protection policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Unit Leader or Designee*

Unit \_\_\_\_\_ Position in Organization: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Unit Leader or Designee*

Unit \_\_\_\_\_ Position in Organization: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Unit Leader or Designee*

Unit \_\_\_\_\_ Position in Organization: \_\_\_\_\_

**Counselor Commitment**

By signing this application, I commit myself to the well-being of the youth I serve by attending appropriate training courses, including the Buffalo Diocese *Protecting God’s Children* program and following the polices of my youth organization(s) and the Buffalo Diocesan Catholic Committee on Scouting.

I understand the responsibilities and duties of a Religious Emblems Counselor of the Buffalo Diocesan Catholic Committee on Scouting and will adhere to all guidelines of the Committee. I will do my best to assist any youth to grow in faith-life, to earn the appropriate religious emblem, and to seek assistance when in need.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Internal Use Only***

***Committee Approval***

In consideration of this application, I approve the individual as a Religious Emblems Counselor of the Buffalo Diocesan Catholic Committee on Scouting.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***Training Record***

Training Date: \_\_\_\_\_ Card Number: \_\_\_\_\_

Training Date: \_\_\_\_\_ Card Number: \_\_\_\_\_

Training Date: \_\_\_\_\_ Card Number: \_\_\_\_\_

Training Date: \_\_\_\_\_ Card Number: \_\_\_\_\_

Training Date: \_\_\_\_\_ Card Number: \_\_\_\_\_