

## Application To Begin Working On The Ad Altare Dei Emblem

(Please Print)

Last Name	_____	First Name	_____
Address	_____		
City	_____	State	_____
Grade	_____	Troop	_____
Email	_____		
Arch /Diocese	_____	Parish	_____

### Applicant's Request

I hereby make application to begin working on the Ad Altare Dei Emblem. On my honor as a Catholic and as a Boy Scout I certify that I have fully met the requirements to begin this program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent's Approval

My son has my permission to work on the Ad Altare Dei Emblem, and I will gladly support him and work with him.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Counselor's Approval

I hereby Certify that I have completed the Arch/Diocese Ad Altare Counselors Training program, the Arch/Diocese Youth Protection training and BSA Youth Protection Training. I am willing to work with this individual.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

### Boy Scoutmaster's Approval

I hereby certify that the above named Scout for the last six months has been an active, registered member in our troop.

Boy Scoutmaster's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Pastor's Approval

I hereby certify that the above named Scout is a member of my parish, and have no objections to his receiving the Ad Altare Dei Emblem if he successfully fulfills the requirements. I have received and approved the application from the above-named counselor to work with the youth of our parish.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_