

CATHOLIC DIOCESE OF RICHMOND

SCOUT RELIGIOUS EMBLEM FACILITATOR APPLICATION

PERSONAL INFORMATION

First Name: _____	Last Name: _____
First/Nick Name for Badge: _____	
Address: _____	
City/State/Zip: _____	
Home Phone: _____	
Cell Phone: _____	
Email: _____	
Parish Name: _____	City: _____
Circle one: Boy Scouts Venturing Girl Scouts American Heritage Girls Other: _____	
Troop/Unit #: _____	Location or Charter Organization: _____
Role in or Relationship to Troop/Unit: _____	I have completed all and any required scout Youth Protection/ paperwork <div style="display: flex; justify-content: flex-end; gap: 20px;"> _____ YES _____ NO </div>

SAFE ENVIRONMENT

All adults who participate in a youth event sponsored by the Office for Evangelization of Youth and Young Adults must be in compliance with the Diocesan Safe Environment Policies. Please indicate that you have completed each component listed below:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Screening One (completed every 5 years)
<input type="checkbox"/> YES <input type="checkbox"/> NO	VIRTUS Training (completed once)

PASTOR RECOMMENDATION

I, the undersigned, certify that the above-mentioned person (applicant) is a Catholic in good standing and member of my parish. I further endorse this person as a Religious Emblems Facilitator with the duty and responsibility of guiding the faith development of Catholic youth.

Pastor Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of myself engaged in activities related to any Diocesan event to have those pictures and/or video posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the participant. If no box is checked below, the Diocese of Richmond assumes you give permission.*

<input type="checkbox"/> YES <input type="checkbox"/> NO	Adult Signature: _____		Date: _____
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