

## Arch/Diocesan Notification of Intent to Begin an Ad Altare Dei Program

(Make copies of this form and send to the Arch/Diocesan Chaplain three weeks prior to the beginning of the each course conducted. If you do not know your Chaplain contact your Chancery Office for this information.)

Date of Notification: \_\_\_\_\_

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### Counselor Information:

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

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

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Date of my current Religious Emblem's Counselor Training certificate: \_\_\_\_\_

Date of my current Boy Scout Youth Protection Training certificate: \_\_\_\_\_

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### Pastor's Approval:

I hereby certify that the above named person is a member of my parish, and have no objections to his/her functioning as a youth minister to youth in the Ad Altare Dei Religious Emblems program.

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

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### Program Information:

Date Program is to Start: \_\_\_\_\_ Number of Participants Anticipated: \_\_\_\_\_

Location of Meetings: \_\_\_\_\_

Address of Meetings: \_\_\_\_\_

Day of week meeting will be held on?: \_\_\_\_\_

Frequency of Meeting?: \_\_\_\_\_ Time of Meetings: \_\_\_\_\_

Number of anticipated participants: \_\_\_\_\_

Person Assisting Name: \_\_\_\_\_

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

Date of his/her Religious Emblem's Counselor Training certificate: \_\_\_\_\_

Date of his/her Boy Scout Youth Protection Training certificate: \_\_\_\_\_

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(Copy this form and complete before each Ad Altare Dei Program conducted)