



Diocese of Belleville



Notification of intent to begin an Ad Altari Dei Program

DATE OF NOTIFICATION:

COUNSELOR INFORMATION	
NAME:	STREET ADDRESS:
CITY:	STATE: IL
ZIP CODE:	HOME PHONE NUMBER:
BUSINESS PHONE NUMBER:	CELL PHONE NUMBER:
PARISH:	
DATE OF MY CURRENT RELIGIOUS EMBLEM'S ADVISOR TRAINING CERTIFICATE:	
DATE OF MY CURRENT BOY SCOUT YOUTH PROTECTION TRAINING CERTIFICATE:	

PASTOR'S APPROVAL	
I hereby certify that the above named person is a member of my parish, and that I have no objections to his/her functioning as a youth minister to youth in the Ad Altare Dei Religious Emblems program.	
Signature of Pastor of his designate:	
Date:	

PROGRAM INFORMATION	
Date program is to start:	Anticipated number of participants:
Location of meetings:	Address of meetings:
Day of week meeting to be held:	Frequency of meeting:
Time of meeting:	

PERSON ASSISTING COUNSELOR INFORMATION	
NAME:	STREET ADDRESS:
CITY:	STATE: IL
ZIP CODE:	HOME PHONE NUMBER:
BUSINESS PHONE NUMBER:	CELL PHONE NUMBER:
PARISH:	
DATE OF MY CURRENT RELIGIOUS EMBLEM'S ADVISOR TRAINING CERTIFICATE:	
DATE OF MY CURRENT BOY SCOUT YOUTH PROTECTION TRAINING CERTIFICATE:	

(If more than one person is providing assistance then submit the same information for each additional person on a separate piece of paper.)