

Greater New York Conference of the Seventh-day Adventist Church
Department of Youth Ministries
Adventurer/Pathfinder Staff Service Form

SECTION I		PERSONAL INFORMATION	
Name:	Birthday: ____/____/____ <small>MM / DD / YYYY</small>	Email:	
Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Home Phone:	Work Phone:	Cell Phone:	
Marital Status <i>(please circle)</i> : Married Single Divorced Separated		Name of Spouse:	
Church Membership:		Adventurer or Pathfinder Club <i>(Please Circle One)</i> : Name of Club:	
Churches of membership in the last 5 years:			
Previous residence(s) for last 10 years <i>(list dates at each address)</i> :			
Dates:	Address:		
Dates:	Address:		
Dates:	Address:		
Dates:	Address:		
Name of Emergency Contact and Relationship:		Phone:	
AY Classes Completed <i>(please circle and provide date completed)</i> :	Friend	Date:	Companion
	Explorer	Date:	Voyager
	Ranger	Date:	Guide
Master Guide Completed <i>(Please Circle)</i> :	YES NO ENROLLED	Date Completed:	Instructor:
Pathfinder Leadership Award Completed <i>(Please Circle)</i> :	YES NO ENROLLED	Date Completed:	Instructor:
Pathfinder Instructor Award Completed <i>(Please Circle)</i> :	YES NO ENROLLED	Date Completed:	Instructor:
SECTION II		HEALTH INFORMATION	
List any injury/ disability/ health factor that might limit your involvement in ministry activities, or impact the health of children/youth: <i>(i.e., communicable diseases, physical limitations)</i> :			
SECTION III		EDUCATION/TRAINING INFORMATION	
Highest level of formal education and area(s) of study:			
Certification(s)/ License(s) held that may reflect on your skills and abilities in working with children or youth:			
Church offices held or Special Ministry Training:			
SECTION IV		PERSONAL REFERENCES	
List below three individuals (other than family members) who could recommend you for this Ministry:			
<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>
1). <i>Pastor</i>			
2). <i>Other</i>			
3). <i>Other</i>			
OFFICE USE ONLY			
Date Received:	? Recommended	? Not Recommended	
Conference Adventurer/Pathfinder Director Signature:		Recommended with Conditions Noted:	
Date Approved:			

SECTION V	BACKGROUND
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Driver's License #:	Class:	State:	Exp. Date:
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Car Insurance (please Circle): Yes No	Willing to provide transportation (Please Circle): Yes No
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As a result of our concern for the safety and protection of children and youth, we require all potential staff to:

- 1). Complete and return this Adventurer/Pathfinder Staff Service Form
- 2). Consent to a voluntary criminal record check
- 3). Read and agree to follow the Guidelines for Volunteers

Have you been convicted of a felony:	? Yes	? No
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Have you been denied legal custody of your children in any legal proceedings, including divorce decrees or settlements?	? Yes	? No
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Have you ever been accused of, charged with, disciplined for, or convicted of any unlawful sexual conduct, abuse, child abuse, child neglect, and/or child sexual abuse?	? Yes	? No
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Have you been required to register as a sex offender in any jurisdiction?	? Yes	? No
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If you answered yes, please supply the date, place, type of conduct, disposition, and sentence, as applicable.

SECTION VI	STATEMENT OF ACCURACY
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The information contained in this form is current to the best of my knowledge. I understand that this is strictly a volunteer position, and I expect no remuneration for services and time volunteered.

I authorize any persons giving a reference or churches listed in this form to disclose information that they may have regarding my character and fitness for serving in a volunteer ministry that may involve children or youth. I hereby release any individual, church, or organization from any and all liability for damages which may result to me, my heirs, or family for compliance with this authorization, and agree that the conference may maintain this information. My signature of this form confirms my understanding and agreement that: In the event that allegations of criminal or sexual misconduct arise regarding my conduct while I serve in a volunteer capacity, the conference will fully cooperate with any investigation. I further state that I have carefully read the foregoing release and understand the contents thereof, and that I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Further, I have read and agree to follow the Guidelines for Volunteers and I give my consent for a voluntary criminal record check.

APPLICANT'S SIGNATURE:*	DATE:
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*Please be sure you have answered every question and signed your name above. Application cannot be accepted without a signature.
Return this completed form to the pastor of your local church.

Purpose

The Adventurer/Pathfinder Staff Service form assists the Conference in appointing the best possible individuals within the various ministries the Conference offers. This form is part of a screening process which protects the volunteers, while also serving to protect children and youth from predators and the Conference from liability. This record, once turned in, becomes the property of the Conference. Applicants may request that a copy of their Adventurer/Pathfinder Staff Service Form be forwarded to another Conference should they move their membership.

Policy

All information on this Adventurer/Pathfinder Staff Service Form is required by the North American Division. The information on this form shall be kept confidential and become a permanent record of the Seventh-day Adventist Church. In the event of accusations against the applicant, opportunity shall be given for response by the accused. Such a response will also become a part of the record and must be attached to this form.

We regret having to include a section on unlawful conduct, however, understanding the epidemic proportions of this problem, it becomes necessary to create a database to protect child, parents, Adventurer/Pathfinder Staff and the Conference. This Adventurer/Pathfinder Staff Service Form has come to us from the North American Division of the Seventh-day Adventist Church.