## Greater New York Conference of the Seventh-day Adventsist Church Department of Youth Ministries

## A dventurer/Pathfinder Staff Service Form

SECTION I				PERSONA	L INFORM	ATION	
Name:	Birthday:	//		Email:			
		MM / DD /	YYYY				
Address:			01		0		
Street Home Phone:	Work Phone:		City	Cell Phone:	State	Zip	
	Work Priorio.						
Marital Status (please circle): Married Single Divorced Separated			Name of Spouse:				
Church Membership: Adventurer or Pathfinder Club( Please Circle One): Name of Club:							
Churches of membership in the last 5 years:							
Previous residence(s) for last 10 years (list dates at each address):							
Dates: Address:	Address:						
Dates: Address:	Address:						
Dates: Address:	Address:						
Dates: Address:	Address:						
Name of Emergancy Contact and Relationship:			Phone:				
AY Classes Completed (please circle and provide date	e completed):	Friend	Date:	<u>.</u>	Companion	Date:	
		Explorer	Date:		Voyager	Date:	
		Ranger	Date:		Guide	Date:	
Master Guide Completed (Please Circle):	YES	NO ENRO	OLLED	Date Completed:		Instructor:	
Pathfinder Leadership Award Completed (Please	e Circle): YES	NO ENRO	DLLED	Date Completed:		Instructor:	
Pathfinder Instructor Award Completed (Please of	NO ENRO	O ENROLLED Date Complete			Instructor:		
SECTION II				HEALTH INFORMAT		ON	
List any injury/ disability/ health factor that mig	ht limit your invo	lvement in mi	nistry activities,	or impact the h	nealth of childr	en/youth:	
(i.e., communicable diseases, physical limitations):							
				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				PERSONA	L REFERE	INCES	
List below three individuals (other than family r	nembers) who c	ould recomme	end you for this	Ministry:			
Name Address				Phone		Email	
1). Pastor							
2). Other							
3). Other							
***OFFICE USE ONLY***							
Date Received:	? Recommended		? Not Recommended				
Conference Adventurer/Pathfinder Director Signature:				Recommended with Conditions Noted:			
Date Approved:							

SECTION V		BACKGROUND				
Driver's License #:	Class: State:	Exp. Date:				
Car Insurance (please Circle): Yes No	Willing to provide transportat	tion (Please Circle): Yes No				
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/Pathfind	ler Staff Service Form					
2). Consent to a voluntary criminal record check						
3). Read and agree to follow the Guidelines for V	<i>'olunteers</i>					
Have you been convicted of a felony:		? Yes ? No				
Have you been denied legal custody of your childre	? Yes ? No					
including divorce decrees or settlements?						
Have you ever been accused of, charged with, dis	ciplined for,	? Yes ? No				
or convicted of any unlawful sexual conduct, abuse, child abuse, child neglect,						
and/or child sexual abuse?						
Have you been required to register as a sex offend	der in anv iurisdiction?	? Yes ? No				
If you answered yes, please supply the date, place, type of conduct, disposition, and sentence, as applicable.						
SECTION VI		STATEMENT OF ACCURACY				
The information contained in this form is current to the be						
for services and time volunteered.		• • •				
	sted in this form to disclose information that they	may have regarding my character and fitness for serving				
		anization 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,						
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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	or volunteers and I give my consent for a volunta	ry chiminai record check.				
APPLICANT'S SIGNATURE:*		DATE:				
*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 indiv	viduals 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.						