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

# Adventurer/Pathfinder Staff Service Form

| SECTION I  |                     |                  |                   |                       | PERSONAL INFORMATION           |                |             |  |
|--|---------------------|------------------|-------------------|-----------------------|--------------------------------|----------------|-------------|--|
| Name:  | Birthday:           |                  | ///_<br>MM / DD / | / Email:              |                                |                |             |  |
| Address:   |                     | •                |                   |                       | •                              |                |             |  |
| Street   |                     | I <u>.</u> .     |                   | City                  | T= =.                          | State          | Zip         |  |
| Home Phone:  |                     | Work Phone:      |                   |                       | Cell Phone:                    |                |             |  |
| Marital Status (please circle): Married Single Divorced Separated  |                     |                  |                   |                       | Name of Spouse:                |                |             |  |
| Church Membership:   |                     | Adventurer or    | Pathfinder Cl     | ub( Please Circle (   | One):                          | Name of Club   | ):          |  |
| Churches of membership in the la   | st 5 years:         |                  |                   |                       |                                |                |             |  |
| Previous residence(s) for last 10 years (list dates at each address):                                    |                     |                  |                   |                       |                                |                |             |  |
| Dates:   | Address:            |                  |                   |                       |                                |                |             |  |
| Dates:   | Address:            |                  |                   |                       |                                |                |             |  |
| Dates:   | Address:            |                  |                   |                       |                                |                |             |  |
| Dates:   | Address:            |                  |                   |                       |                                |                |             |  |
| Name of Emergancy Contact and Relationship:  |                     |                  |                   |                       | Phone:                         |                |             |  |
| AY Classes Completed (please circle  | and provide date co | ompleted):       | Friend            | Date:                 | •                              | Companion      | Date:       |  |
|  |                     |                  | Explorer          | Date:                 |                                | Voyager        | Date:       |  |
|  |                     |                  | Ranger            | Date:                 |                                | Guide          | Date:       |  |
| Master Guide Completed (Please Cit   | rcle):              | YES              | NO ENRO           | DLLED                 | Date Completed:                |                | Instructor: |  |
| Pathfinder Leadership Award Com  | npleted (Please C   | ircle): YES      | NO ENRO           | LLED                  | Date Completed: Instructor:    |                |             |  |
| Pathfinder Instructor Award Comp   | leted (Please Circ  | cle): YES        | NO ENRO           | NO ENROLLED Date Comp |                                |                | Instructor: |  |
| SECTION II   |                     |                  |                   |                       | HEALTH IN                      | NFORMAT        | ION         |  |
| List any injury/ disability/ health far<br>(i.e., communicable diseases, physical limita                 | •                   | limit your invol | vement in min     | nistry activities,    | or impact the h                | ealth of child | ren/youth:  |  |
| SECTION III  |                     |                  |                   |                       | EDUCATION/TRAINING INFORMATION |                |             |  |
| Highest level of formal education a  | and area(s) of s    | study:           |                   |                       |                                |                |             |  |
| Certification(s)/ License(s) held th   | at may reflect o    | on your skills a | and abilities in  | working with cl       | hildren or youth               | :              |             |  |
| Church offices held or Special Mir   | nistry Training:    |                  |                   |                       |                                |                |             |  |
| SECTION IV   |                     |                  |                   |                       | PERSONAL REFERENCES            |                |             |  |
| List below three individuals (other than family members) who could recommend you for this  Name  Address |                     |                  |                   |                       | Ministry: Phone Email          |                |             |  |
| 1). Pastor   |                     |                  |                   |                       |                                |                |             |  |
| 2). Other  |                     |                  |                   |                       |                                |                |             |  |
| 3). Other  |                     |                  |                   |                       |                                |                |             |  |
|  |                     |                  |                   |                       |                                |                |             |  |
| ***OFFICE USE ONLY***  |                     |                  |                   |                       |                                |                |             |  |
| Date Received: Recommended   |                     |                  | ? Not Recommended |                       |                                |                |             |  |
| Conference Adventurer/Pathfinder Director Signature:   |                     |                  |                   | Recommende            | d with Conditi                 | ons Noted:     |             |  |
| Date Approved:   |                     |                  |                   |                       |                                |                |             |  |

| SECTION V  |                  |                               | BACKGROUND                 |      |
|--|------------------|-------------------------------|----------------------------|------|
| Driver's License #:                                | Class:           | State:                        | Exp. Date:                 |      |
| Car Insurance (please Circle): Yes No              |                  | Willing to provide transporta | ation (Please Circle): Yes | No   |
| As a result of our concern for the safety and pro- | tection of child | lren and youth, we require a  | ll potential staff to:     |      |
| 1). Complete and return this Adventurer/Pathfine   | der Staff Servi  | ice 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 |
| Have you been denied legal custody of your child   | ? Yes            | ? No                          |                            |      |
| including divorce decrees or settlements?          |                  |                               |                            |      |
| Have you ever been accused of, charged with, dis   | ? Yes            | ? No                          |                            |      |
| or convicted of any unlawful sexual conduct, abu   | se, child abuse  | e, child neglect,             |                            |      |
| and/or child sexual abuse?                         |                  |                               |                            |      |
| Have you been required to register as a sex offer  | der in any juri  | sdiction?                     | ? Yes                      | ? No |
|  |                  | <u> </u>                      |                            |      |

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 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: |
|-------------------------|-------|
|                         |       |

\*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.