Seventh-day Adventist[°] Church

ADVENTURER CLUB STAFF AND PARENT VOLUNTEER INFORMATION

ALBERTA CONFERENCE

| Adventurer name | Birth date City Prov PC. | | |
|---|-----------------------------|------------------------|----------------------|
| Address Street | | | |
| | | Prov | PC. |
| Home phone | | | |
| Email | | | |
| Church | | | |
| Name of spouse (if applicable) | | | |
| Children: Name | | Birth date: N | lonth/Day/Year |
| 1 | | | |
| 2. | | | |
| 3 | | | |
| HEALTH HISTORY | | | |
| Do you have any injury/sickness that n | night limit your involv | ement in Adventurer | Club activities? |
| Yes No If yes, how would it hinde | er? | | |
| EDUCATION RECORD | | | |
| Highest degree/diploma held | Year d | legree/diploma receiv | ed |
| School granting degree/diploma | | | |
| College major/minor | | | |
| EXPERIENCE | | | |
| List all experience working with childre | an (Pathfinders Scout | s Sabbath School etc |) |
| Position/type of work | Church/organizat | | ., ite of service |
| 1 | • | | |
| 2. | | | |
| 3 | | | |
| | | | |
| INSTRUCTION ABILITY | | | |
| List the level, patch or craft you are int | arastad in taaching | | |
| Circle: T —capable of teaching. A —able | | ad in teaming to teach | |
| circle. I—capable of teaching. A—able | | 5 | |
| l evel/patch/craft | evel/natch/ | cratt | |
| Level/patch/craft | Level/patch/ TAI | | TAI |
| Level/patch/craft | | craft | TAI TAI |
| Level/patch/craft | TAI | | |

Uniform Ministries Office (403) 342-5044 Ext 227 albertaadventist.ca

5816 Highway 2A Lacombe, AB T4L 2G5





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UNLAWFUL CONDUCT

Have you been accused, charged, or disciplined for any unlawful sexual conduct, child abuse, and/ or child sexual abuse? Yes No If yes, please complete the information below. Date /place_______Type of conduct _______

Reference name, address, and phone _____

I will complete the background screening and training required by our conference.

REFERENCES (FOR STAFF ONLY)

List three individuals who know you well enough to recommend you as an Adventurer staff member Name Address Phone

| 1. | Pastor |
|----|---------------|
| 2. | Local teacher |
| 3. | Other |

STATEMENT OF ACCURACY

The above information is accurate to the best of my recollection. I understand this is strictly a volunteer position, and I will receive no remuneration for services and time volunteered.

| CONFERENCE USE ONLY | |
|---|--|
| Recommended Not recommended Recommended with conditions noted | |
| Conf. Adventurer Director Signature Date received | |



