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





Seventh-day Adventist[®] Church

ADVENTURER CLUB STAFF AND PARENT VOLUNTEER INFORMATION

ALBERTA CONFERENCE

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	



