



OFFICE USE ONLY

Date Received _____ Recommended
 Conference PF Director _____ Not Recommended
 Date Approved _____ Recommended
with Conditions noted



2016 – 2017 Pathfinder and Adventurer Staff/Volunteer Service Information Form

Section I Date of Record

Name: _____ Birth Date: _____

Address: _____ City: _____ Prov: _____ PC: _____ Home

Ph: _____ Work Ph: _____ Citizenship _____ Driver's License # _____ Baptized

SDA? _____ When? _____ Church where membership held _____ PF/AD

Club: _____ Church where active: _____ Marital

Status: Married Single Divorced Name of Spouse _____ Children:

Name	Birth Date:	Month	Day	Year
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Section II Health History

Do you now or have you had any injury/sickness that might limit your involvement in Pathfinder/Adventurer Club Activities?

Yes No If yes, how would it hinder? _____

Section III Educational Record

Highest level of Education _____

Degree/diploma held _____

School granting degree/diploma _____ Year

degree/diploma received _____ College

major/minor _____

Section IV Experience

Please list all experience (Pathfinders, Adventurers, Scouting, Sabbath School, etc.) that might qualify you for Pathfinder/Adventurer leadership:

Position/Type of Work	Church/Organization	Date of Service
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Section V Honor Instruction Ability

Please list the honors/crafts which you are interested in teaching

Circle: T= Capable of Teaching A=Able to assist I=Interested in learning to teach

Honor/Craft	Honor/Craft
_____ T A I	_____ T A I
_____ T A I	_____ T A I
_____ T A I	_____ T A I

Section VI Unlawful Conduct

Have you been (formally or informally) accused, charged, or disciplined for any unlawful sexual conduct, child abuse, and/or child sexual abuse? Yes No. If yes, please explain, and if possible, give the name and address of a reference/professional who can verify that you are now suitable for Pathfinder/Adventurer leadership.

Date _____ Place _____ Type _____
of Conduct _____ Reference _____
name, address and phone _____ Section _____

VII References

Please list three individuals who know you well enough to recommend you for a pathfinder/Adventurer leadership/staff position.

Name	Address	Phone Number
1. Pastor _____	_____	_____
2. Local Teacher _____	_____	_____
3. Other _____	_____	_____

APPLICANT'S SIGNATURE

DATE

Section VIII Statement of Accuracy

NOTE: Please be sure you have checked the appropriate box in section VI and signed your name in Section VIII. Give this form to your Pathfinder Leader for their files. (You do not need to send this to the Conference Office).

It is the goal of every director to have the best qualified personnel available for his/her club. Therefore, we request all present and future Pathfinder and Adventurer Staff to fill out this form so we might analyze their leadership potential. This record may be used to evaluate present and prospective Pathfinder and Adventurer Staff.

Section VI deals with unlawful conduct. This section has been included to protect Pathfinder and Adventurer Club members from abuse and protect the Seventh-day Adventist Church organization from recommending any staff member who has had a problem in this area. This form does not exclude anyone from obtaining a Criminal Record Check.

If the Conference Pathfinder or Adventurer Director recommends the applicant, information in Sections 1 to 5 will be copied and sent to the local pathfinder/Adventurer Club for the Director to use in determining staff qualifications. If the applicant has not been approved, none of the information will be forwarded.

When a local club director requests a recommendation specifics may not be release and may respond only with "recommended," "not recommended," or "recommended with conditions noted."

All information on this application will become a permanent record and should include updates. In the event of accusations against the applicant, opportunity should be given for response by the accused. This response also becomes a part of the record.

We regret having to include a section on unlawful conduct, however, understanding the epidemic proportions of this problem, it becomes necessary to create a data base to protect children, parents, pathfinder/Adventurer Staff and the Church organization.

Church Office Use only			
Date Received _____	___ Recommended	___ Not Recommended	___ Recommended with Conditions noted
Date of Committee Decision _____	Church Name _____		
Church Board Chairperson Signature _____	(SIGNATURE REQUIRED)		
Condition of recommendation _____	_____		