Southern New England Conference of the Seventh-day Adventists
Adventist Youth Ministries Department
Club Registration & Adventist Screening Verification Form
20____ - 20____

Church Name: _____ Group/Club Name:_____

Elected Director's Name:_____ Email:_____

Mailing Address:_____

Phone Number:_____ ☐ Home ☐ Cell ☐ Work

Submit this form to the office along with the list of registered ADVENTURERS. Keep a copy for your records.

REQUIREMENTS:

- All staff and volunteers must have completed the Adventist Screening Verification process and be approved to serve by the level 2 or 3 Administrator
- Your local church board must approve all meetings, activities, events, outings, etc., for insurances purposes.
- Email form to: gteixeira@sneconline.org
- Large clubs may submit multiple pages
- Mail to: Adventist Youth Ministries Southern New England Conference PO Box 1169 So. Lancaster, MA 01561 or
- Fax: (978) 365-3838

Date Received: _____ Date Processed:_____

Please list all Adult Staff /Volunteers for the Season	Child Protection Course Expiration date	Background Check Expiration Date
1.		
2.		
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Church Board Signatures:

By Signing this form, we acknowledge that all names listed above are members in regular standing, have completed the requirements of Adventist Screening Verification and are eligible to serve.

Church Pastor or Head Elder If No pastor:_____ Church Clerk:_____

Child Protection Coordinator: _____ Treasurer:_____

Southern New England Conference of the Seventh-day Adventists
Adventist Youth Ministries Department
List of Registered Adventurers
20____ - 20____

Church Name: _____ Group/Club Name:_____

Elected Director's Name:_____ Email:_____

Mailing Address:_____

Phone Number:_____ ☐ Home ☐ Cell ☐ Work

Please send this form to the office along with the registration & ASV form. Keep a copy for your records.

Please list all enrolled **ADVENTURERS**	Adventurer Level	Adventurer Grade
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