

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: [mmaldonado@sneonline.org](mailto:mmaldonado@sneonline.org) on/or by **Tuesday, October 31, 2023**
- 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. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____

**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 Pathfinders for the Season

Adventurer Level

Adventurer Grade

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____