



Southern New England Conference of the Seventh-day Adventists
 Adventist Youth Ministries Department
 Medical Cadet Corps Application & Adventist Screening Verification
 20____- 20____

Sponsoring Church: _____ Group Name: _____

Elected Director's Name: _____ Email: _____

Mailing Address: _____

Phone Number: _____ Home Cell Work

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 on/or by **Monday, December 16, 2024**
- 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: _____

Office Use Only

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Medical Cadet Name	Medical Cadet Email	Medical Cadet Phone Number	Child Protection Completion Date	Background Check Completion Date

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: _____