

SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH
Adventist Youth Ministries Department
ADVENTURER CLUB APPLICATION 20__ - 20__



Sponsoring Church _____
 Club Name _____

Elected Club Director: _____ **Email:** _____

Mailing Address: _____

Best Phone # to Reach You at: _____ Home/Cell/Work

Club Secretary (if different): _____ **Email:** _____

Mailing Address: _____

Best Phone # to Reach You at: _____ Home/Cell/Work

YOUR COMMITMENT TO ADVENTURERING

We the undersigned have read & understood, and are in agreement with the Philosophy of Adventurers. We agree, by vote of the church board, to support our club through those means with which the Lord has blessed our church, as well as to assist our Adventurer Club in the fulfillment of their ministry and to support the Adventurer ministry of our conference.

THE PHILOSOPHY OF ADVENTURERING

The purpose of having an Adventurer Club is to lead its membership into a growing, redemptive relationship with Christ, to build its membership into responsible, mature individuals and to involve its membership in active selfless service. All Adventurer leaders are Christians, working hand in hand with parents, teachers and pastors providing optimum opportunities for Christian development. The Adventurer Club is an extension of the home, school and church, it is an experimental laboratory where growth and learning flourish. *The membership involves Little Lambs (Preschool), Eager Beavers (Kindergarten), and Adventurers (Grades 1-4) who have a desire for group activities.*

These activities range from community and world mission projects to nature, outdoor and camping activities, and above all Adventurers gives children an environment in which to actively expand their personal experiences with Christ.

Requirements
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- All staff and volunteers must have completed the Verified Volunteers Child Protection (Formerly Shield the Vulnerable) process and has been approved to serve by the level 2 or 3 Administrator.
- Your local church board must approve all meetings, activities, events, spring escape, etc., for insurance purposes.

Signatures:

Church Pastor _____

Head Elder _____

Treasurer _____

Club Director _____

CP Admin. _____

SEND THE COMPLETED FORM TO:
 Adventist Youth Ministries Department
 Southern New England Conference
 PO Box 1169
 South Lancaster, MA 01561
FAX: 978-365-3838
EMAIL: snecyouth@gmail.com

Date Completed: _____
Office Only

Due: September 30th