

SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

Adventist Youth Ministries Department

ADVENTURER CHILD PROTECTION VERIFICATION 20__ - 20__



Sponsoring Church _____

Club Name _____

<p>Elected Club Director: _____ Email: _____</p> <p>Mailing Address: _____</p> <p>Best Phone # to Reach You at: _____ Home/Cell/Work</p>

Please list all your staff for this Adventurer season. Your church's Child Protection Administrator (voted by your church board) must sign this form, acknowledging that all staff members have completed the Child Protection Training and the back ground check.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____

Requirements

- 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 the Child Protection Administrator

Signatures:

Church Pastor _____

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: snecyouth04@gmail.com

Date Completed: _____
Office Only
Due: September 30th