

SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

Adventist Youth Ministries Department

PATHFINDER 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 Pathfinder 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. _____

<p>Requirements</p> <ul style="list-style-type: none"> • All staff and volunteers must have completed the <u>Verified Volunteers Child Protection</u> (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. _____

<p>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: snecyouth02@gmail.com</p> <p>Date Completed: _____ <small>Office Only</small> Due: September 30th</p>
