



SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH
Adventist Youth Ministries Department
PATHFINDER CLUB APPLICATION & VOLUNTEER ADVENTIST VERIFICATION SCREENING
 20____ - 20____

Sponsoring Church _____
 Club Name _____

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

Mailing Address: _____

Best Phone # to Reach You: _____ **Home** **Cell** **Work**

YOUR COMMITMENT TO PATHFINDERS

We the undersigned have read, understand, and agree with the Philosophy of Pathfinders and agree to support our club through those means with which the Lord has blessed our church, including but not limited to: finances, staff, volunteers, a place to meet, and insurance coverage for all Pathfinder Club related activities. We will assist our Pathfinder Club in the fulfillment of their ministry and to support the Pathfinder ministry of our conference.

THE PHILOSOPHY OF PATHFINDERS

The purpose of having a Pathfinder 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 Pathfinder leaders are Christians, working hand in hand with parents, teachers, and pastors providing optimum opportunities for Christian development. The Pathfinder Club is an extension of the home, school and church. It is an experimental laboratory where growth and learning flourish. The membership involves youth in grades 5-10 who have a desire for group activities. These activities range from community and world service projects to nature, outdoor and camping activities, AY/Pathfinding class curriculum and AY Honors. Above all, Pathfinders gives children an environment in which to actively expand their personal experience with Christ.

REQUIREMENTS:

- All staff and volunteers must have completed the Adventist Verification Screening process and be approved to serve by the level 2 or 3 Administrator.
- Your local church board must approve all meetings, activities, events, camporees, etc., for insurance purposes.

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

Date Completed: _____
 Office Only

Due: October 18th

ADVENTIST VERIFICATION SCREENING

Please list all your Pathfinder Staff & Volunteers for this season.

1. _____
2. _____
3. _____
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Signatures:

Church Pastor _____
 Head Elder _____
 Treasurer _____
 Club Director _____
 CP Coordinator _____