

SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

Adventist Youth Ministries Department

ADVENTURER 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 ADVENTURERS

We the undersigned have read & understood and agree 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 ADVENTURERS

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:

- 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, spring escape, 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: snecyouth@gmail.com

Date Completed: _____

Office Only

Due: October 18th

ADVENTIST VERIFICATION SCREENING

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

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Signatures:

Church Pastor _____

Head Elder _____

Treasurer _____

Club Director _____

CP Coordinator _____