

OFFICE USE ONLY: Date Received _____ Date Approved _____

Recommended Not Recommended Recommended with conditions noted

Conference Director Signature: _____

Pathfinder Staff/Volunteer Service Information Form

Section I - Date of Record

Name _____ Birthdate _____

Address _____ City _____ State _____ Zip code _____

Home Phone (____) _____ Work Phone (____) _____ Cellphone (____) _____

Church _____ Pathfinder Club _____

Marital Status Married Single Divorced Name of Spouse _____

Children Name: Birthdate: Month/Day/Year

1. _____

2. _____

3. _____

Section II - Health History

Do you now have or have you had any injury/sickness that might limit your involvement in Pathfinder Club activities? Yes No If yes, how would it hinder? _____

Section III - Educational Record

Highest degree/diploma held _____ Year degree/diploma received _____

School granting degree/diploma _____

College major/minor _____

Section IV - Experience

List all experience (Adventurers, Scouting, Sabbath School, etc.) that might qualify you for Pathfinder leadership.

Position/Type of Work	Church/Organization	Date of Service
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Section V - Instruction Ability

Please list the honors/crafts which you are interested in teaching.

Circle: T- Capable of teaching; A - Able to assist; I -Interested in teaming up to teach

Honor/Craft

_____ T A I

_____ T A I

_____ T A I

Honor/Craft

_____ T A I

_____ T A I

_____ T A I

Section VI – Unlawful Conduct

Have you been (formally or informally) accused, charged or disciplined for any unlawful sexual conduct, child abuse, and/or child sexual abuse? YES NO If yes, please explain, and, if possible, give the name and address of a reference/professional who can verify that you are now suitable for Pathfinder leadership.

Date and Place _____

Type of Conduct _____

Reference Name, address and phone _____

Section VII – References

Please list below three individuals who know you well enough to recommend you as a Pathfinder Staff person.

	Name	Address	Phone
1. Pastor	_____	_____	_____
2. Local Teacher	_____	_____	_____
3. Other	_____	_____	_____

Section VIII – Statement of Accuracy

The above information is accurate to the best of my recollection. I understand this is strictly a volunteer position, and I will receive no remuneration for services and time volunteered.

Applicant's Signature _____ Date _____

NOTES:

Please make sure you have checked the appropriate box in Section VI and signed your name in Section VIII.

Mail the completed form to: Pathfinder Ministries, Gulf States Conference Office, PO Box 240249, Montgomery, Alabama 36124-0249.

Section V1 deals with unlawful conduct. This section has been included to protect the Pathfinder Club members from abuse and protect the Seventh-day Adventist church organization from recommending any staff member who has a problem in this area.

If the Conference Pathfinder Director recommends the applicant, information in Sections I through V will be copied and sent to the local Pathfinder club for the director to use in determining staff qualification. If the applicant has not been approved, none of the information will be forwarded.

When a local club director requests a recommendation from the Conference Pathfinder Director, he/she may not release any specifics and may respond only with 'recommended', 'not recommended', or 'recommended with conditions noted'.

All information on this application will become a permanent record and should include updates. In the event of accusations against the applicant, opportunity should be given for response by the accused. This response also becomes a part of the record.

We regret having to include a section on unlawful conduct, however, understanding the epidemic proportions of this problem, it becomes necessary to create a database to protect child, parents, Pathfinder staff and the church.