## Adventurer Club Staff and Parent Volunteer Information

## **Personal and Family Information**

Name	Birth date			
Address				
Street  Home phone	City	Sta Cell phone	tte/Prov. Zip	
Email				
Church				
Name of spouse (if applicable)_				
Children: Name		Birth date: Month		
1			•	
2.				
3.				
Health History				
Do you have any injury/sickness t	hat might limit your invol	vement in Adventurer	Club activities?	
☐ Yes ☐ No If yes, how would it	hinder?			
Education Record				
Highest degree/diploma held		_ Year degree/diploma	received	
School granting degree/diploma _				
College major/minor				
<b>Experience</b> List all experience working with cl	hildren (Pathfinders, Scou	ıts, Sabbath School, etc	.)	
Position/type of work	Church/organization	on	Date of serv	ice
1				
2				
3				
<b>Instruction Ability</b> List the awards you are interested Circle: T—capable of teaching. A-	in teaching.			
Level/award/craft	Level	/award/craft		
	TAI			ГΑΙ
	тат		-	ΤΑΙ
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## Adventurer Club Staff and Parent Volunteer Information (p. 2)

Unlawful Cond	luct		
Have you been acc	cused, charged, or d	isciplined for any unlawful se	xual conduct, child abuse, and/or
child sexual abuse	? • Yes • No If	yes, please complete the info	rmation below.
Date/place			
☐ I will comple	te the background	screening and training requ	uired by our conference.
References (fo	r staff only)		
List three individu	als who know you	well enough to recommend yo	ou as an Adventurer staff member.
	Name	Address	Phone
1. Pastor			
	ation is accurate to	the best of my recollection. I reration for services and time v	understand this is strictly a volunteer volunteered.
Signature			Date
Conferenc	e Use Only Date	Received	
☐ Recomme	ended 🖵 Not reco	mmended 🖵 Recommended	d with conditions noted
Conf. Adver	nturer Director Sign	nature	