## Adventurer Club Staff and Parent Volunteer Information

## **Personal and Family Information**

Name		Birth date	
Address		State/	
Street Home phone			Prov. Zip/PC
Email			
Church			
Name of spouse (if applicable)			
Children: Name		Birth date: Month	
1			,
2.			
3.			
Health History Do you have any injury/sickness that migh  ☐ Yes ☐ No If yes, how would it hinder?  ☐ It is Described.	•		ub activities?
Education Record			
Highest degree/diploma held	·	Year degree/diploma r	eceived
School granting degree/diploma			
College major/minor			
<b>Experience</b> List all experience working with children (l	Pathfinders, Scouts	, Sabbath School, etc.)	
Position/type of work Cl	Church/organization Date		Date of service
1			
2			
3			
<b>Instruction Ability</b> List the level, patch or craft you are interes Circle: T—capable of teaching. A—able to		d in teaming to teach.	
Level/patch/craft	Level/p	atch/craft	
	T A I		T A I
	T A I		T A I
	T A I		T A I

Unlawful Conduct
Have you been accused, charged, or disciplined for any unlawful sexual conduct, child abuse, and/or
child sexual abuse?   Yes   No If yes, please complete the information below.
Date/place
Type of conduct
Reference name, address, and phone
☐ I will complete the background screening and training required by our conference.
References (for staff only)
List three individuals who know you well enough to recommend you as an Adventurer staff member.
Name Address Phone
1. Pastor
2. Local teacher
3. Other
<b>Statement of Accuracy</b> 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.
Signature Date
Conference Use Only Date Received
☐ Recommended ☐ Not recommended ☐ Recommended with conditions noted
Conf. Adventurer Director Signature