

PART 2 - Volunteer Staff Form

*** (Staff cannot be processed unless
ALL sections are complete)**

***Section I Moral Conduct**

As a result of concern for the safety and protection of children and youth, we require all potential volunteers to complete this form to protect the Adventurer/Pathfinder Club members from abuse and to protect the Seventh-day Adventist church organization from recommending any staff member who has a problem in this area.

Have you been (formally or informally) accused, charged, or disciplined for any questionable sexual conduct, child abuse, and/or child sexual abuse?

NO **YES**

If yes, please provide the following information and documentation:

Date _____ Place of incident _____

Type of Conduct _____

Explanation _____ (use back page as needed)

- Legal documentation to clear or back-up above explanation
- Documentation from a professional as to your suitability to serve as a Pathfinder staff/volunteer

***Section II Statement of Accuracy/Release**

The above information is accurate to the best of my recollection. I authorize investigation of all statements contained in this application form if I am considered for service as Adventurer/Pathfinder leader, and hereby authorize personal references or any other person or persons to whom the Adventurer/Pathfinder organization or local entity may refer to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records. I release those individuals/organizations from any damages as a result of furnishing the information requested. I understand this is strictly a volunteer position, and I will receive no remuneration for services and time volunteered.

For the purposes of this Authorization and Release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

This _____ day of _____, 20____ Signature of Applicant: _____

Witness signature: _____

***Applicant Information: (please print)**

First name: _____ Middle initial _____ Last name: _____

Address: _____

Home phone: _____ (wk) _____ Gender: Female Male

Birth date: ____ - ____ - ____ Church name/location _____

Club name _____ Adventurers Pathfinders

Please send this Part 2 form by fax or hard copy by July 7

Georgia-Cumberland Conference of SDA

Fax: 706/625-3684

Attn: Registration (Confidential)

P.O. Box 12000

Calhoun, GA 30703

Direct questions to: gccregistration@gccsda.com

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