Southern New England Conference Local Church General Information & Officer Update

	Church Name:				Ethnic Group:			
	Street Address:				Language:			
	City, State, Zip Coo	le:			Sabbath School Time:			
	Mailing Address:				Church Service Time:			
	City, State, Zip Coo	le:			Prayer Meeting Day and Time:			
	Phone Number:				Streaming Time:			
	Fax Number:				Streaming:			
	Website Address:				Facebook:			
	Email Address:				Twitter:			
		Officers Begin Serving:	Month:	Y	ear:	Annual Rep	oort	
		Length of Term:	1 Year		_ 2 Years	Interim Rep	oort This Section is 1	Required
							Adventist Screening	g Verification
	NAME			EMAIL			Member of Current Church: Q Yes	No
HEAD ELDER	ADDRESS			HOME P	HONE		Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP			CELL PH			Expiration of Background Check:	(Month/Year)
CLERK	NAME			EMAIL			Member of Current Church:	s 🗖 No
	ADDRESS			НОМЕ Р	HONE		Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP			CELL PH	IONE		Expiration of Background Check:	(Month/Year)
ASST. CLERK	NAME			EMAIL			Member of Current Church: Q Yes	No
	ADDRESS			НОМЕ Р	HONE		Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP			CELL PH			Expiration of Background Check:	(Month/Year)

TREASURER	NAME	EMAIL	Member of Current Church: Yes No
			Expiration of ASV Training:(Month/Year)
			Expiration of Background Check:(Month/Year)
			Member of Current Church: Yes No
TREASURER ADDRESS HOME PHONE ASY Training			Expiration of
	Expiration of Background Check:(Month/Year)		
			Member of Current Church: Ves No
VERIFICATION			Expiration of
			Expiration of Background Check:(Month/Year)
			Member of Current Church: Yes No
			Expiration of Background Check:(Month/Year)
			Member of Current Church: Yes No
	ADDRESS	HOME PHONE	
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)
	NAME	EMAIL	Current Church: 🛛 Yes 🗖 No
	ADDRESS	HOME PHONE	ASV Training: (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Background Check: (Month/Year)
CHILDREN	NAME	EMAIL	Member of Current Church: Ves No
CHILDREN MINISTRY DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)

COMMUNICATION DIRECTOR	NAME	EMAIL	Member of Current Church: Yes No
			Expiration of ASV Training:(Month/Year)
			Expiration of Background Check:(Month/Year)
			Member of Current Church: Yes No
COMMUNITY SERVICE DIRECTOR			Expiration of ASV Training:(Month/Year)
DIRECTOR	NAME IMAL Current Clurch: MORECTOR Current Clurch: MOREPSS. MAME CELL PHONE Badgerout Clurch: More of Current Clurch: MOREPSS. Current Clurch: MOREPSS.	Expiration of Background Check:(Month/Year)	
			Member of Current Church: Yes No
DEACON - HEAD			
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)
	NAME	EMAIL	Member of Current Church: Yes No
DEACONESS- HEAD	ADDRESS	HOME PHONE	ASV Training: (Month/Year)
HEAD	CITY, ST, ZIP	CELL PHONE	Background Check:(Month/Year)
DISASTER COORD.	NAME	EMAIL	Current Church: 🛛 Yes 🗖 No
	ADDRESS	HOME PHONE	ASV Training: (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Background Check:(Month/Year)
	NAME	EMAIL	Current Church: 🛛 Yes 🗖 No
EDUCATION DIRECTOR	ADDRESS	HOME PHONE	ASV Training: (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Background Check: (Month/Year)
	NAME	EMAIL	Current Church: 🛛 Yes 🗖 No
FAMILY LIFE DIRECTOR	ADDRESS	HOME PHONE	ASV Training: (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)

			Member of	
HEALTH & TEMPERANCE DIRECTOR	NAME	EMAIL	Current Church: 🛛 Yes	D No
	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
DIRECTOR	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
			Member of	
	NAME	EMAIL	Current Church: 🛛 Yes	D No
MEN MINISTRY DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Current Church: Yes Expiration of ASV Training:	(Month/Year)
	NAME	EMAIL		D No
MUSIC COORD.	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE		(Month/Year)
	NAME	EMAIL		D No
PARL RELIGIOUS LIBERTY	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE		(Month/Year)
PATHFINDER DIRECTOR	NAME	EMAIL		□ No
	ADDRESS	HOME PHONE		(Month/Year)
	CITY, ST, ZIP	CELL PHONE		(Month/Year)
DEDCONAT	NAME	EMAIL		D No
PERSONAL MINISTRY DIRECTOR	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
2	CITY, ST, ZIP	CELL PHONE		(Month/Year)
PRAYER	NAME	EMAIL		D No
PRAYER MINISTRY COORD.	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
COORD.	CITY, ST, ZIP	CELL PHONE		(Month/Year)

PRISON MINISTRY DIRECTOR	NAME	EMAIL	Member of Current Church: Ves No
	ADDRESS	HOME PHONE	Expiration of ASV Training:(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)
	NAME	EMAIL	Member of Current Church: U Yes U No
SINGLES MINISTRY DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:(Month/Year)
DIRECTOR	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)
	NAME	EMAIL	Member of Current Church: Ves No
SABBATH SCHOOL SUPERINTENDENT	ADDRESS	HOME PHONE	Expiration of ASV Training:(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)
	NAME	EMAIL	Member of Current Church: U Yes U No
STEWARDSHIP DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)
	NAME	EMAIL	Member of Current Church:
VACATION BIBLE SCHOOL LEADER	ADDRESS	HOME PHONE	Expiration of ASV Training:(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)
	NAME	EMAIL	Member of Current Church: Ves No
WOMEN MINISTRY DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:(Month/Year)
CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)	
	NAME	EMAIL	Member of Current Church:
ADVENTIST YOUTH MINISTRY LEADER	ADDRESS	HOME PHONE	Expiration of ASV Training: (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:(Month/Year)

			Member of	
YOUTH CAMP REPRESENTATIVE	NAME	EMAIL	Current Church: 🛛 Yes	D No
	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
			Member of	
	NAME	EMAIL	Current Church: 🛛 Yes	D No
	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
			Member of	
	NAME	EMAIL	Current Church: 🛛 Yes	D No
	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)

Church Child Protection Acknowledgement (This Section is Required)

Each volunteer has current child protection training and background screening through Adventist Screening Verification (ASV) as required by the Southern New England Conference. <u>All</u> volunteers are required to go through child protection training and background screening through ASV every three years. (ASV website: <u>www.ncsrisk.org</u>)

Our church voted and adopted a Child Protection Policy on ______ (date) _____ (board minute action #)

Number of registered sex offenders attending this congregation

Date

Number of signed *Church Participation Agreements* ______ (A copy of each agreement should be sent to the Executive Secretary and/or Child Protection Coordinator)

Verified by:

Pastor Signature

Clerk Signature

Date