

# Southern New England Conference

## Local Church General Information & Officer Update

<b>Church Name:</b>	<b>Ethnic Group:</b>
<b>Street Address:</b>	<b>Language:</b>
<b>City, State, Zip Code:</b>	<b>Sabbath School Time:</b>
<b>Mailing Address:</b>	<b>Church Service Time:</b>
<b>City, State, Zip Code:</b>	<b>Prayer Meeting Day and Time:</b>
<b>Phone Number:</b>	<b>Streaming Time:</b>
<b>Fax Number:</b>	<b>Streaming:</b>
<b>Website Address:</b>	<b>Facebook:</b>
<b>Email Address:</b>	<b>Twitter:</b>

<b>Officers Begin Serving:</b>	Month: _____	Year: _____	_____ Annual Report
<b>Length of Term:</b>	_____ 1 Year	_____ 2 Years	_____ Interim Report

***This Section is Required***

### Adventist Screening Verification

<b>HEAD ELDER</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>CLERK</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>ASST. CLERK</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)

<b>TREASURER</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>ASST. TREASURER</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>ADVENTIST SCREENING VERIFICATION COORDINATOR (Sterling Volunteers)</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>CHURCH SECRETARY</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>BULLETIN SECRETARY</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>ADVENTURER DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>CHILDREN MINISTRY DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)

<b>COMMUNICATION DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>COMMUNITY SERVICE DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>DEACON - HEAD</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>DEACONESS-HEAD</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>DISASTER COORD.</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>EDUCATION DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>FAMILY LIFE DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)

<b>HEALTH &amp; TEMPERANCE DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>MEN MINISTRY DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>MUSIC COORD.</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>PARL RELIGIOUS LIBERTY</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>PATHFINDER DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>PERSONAL MINISTRY DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>PRAYER MINISTRY COORD.</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)

<b>PRISON MINISTRY DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>SINGLES MINISTRY DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>SABBATH SCHOOL SUPERINTENDENT</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>STEWARDSHIP DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>VACATION BIBLE SCHOOL LEADER</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>WOMEN MINISTRY DIRECTOR</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)
<b>ADVENTIST YOUTH MINISTRY LEADER</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS	HOME PHONE	Expiration of ASV Training: _____ (Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check: _____ (Month/Year)

<b>YOUTH CAMP REPRESENTATIVE</b>	NAME	EMAIL	Member of Current Church: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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. All volunteers are required to go through child protection training and background screening through ASV every three years. (ASV website: [www.ncsrisk.org](http://www.ncsrisk.org))

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

Number of registered sex offenders attending this congregation \_\_\_\_\_

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                      Date

\_\_\_\_\_  
Clerk Signature                      Date

\_\_\_\_\_  
Child Protection Coordinator Signature                      Date