Southern New England Conference Local Church General Information & Officer Update

Ethnic Group:

Sabbath School Time:

Church Service Time:

Prayer Meeting Day and Time:

Language:

Church Name:

Street Address:

Mailing Address:

City, State, Zip Code:

City, State, Zip Code:

	Phone Number:			Streaming Time:				
	Fax Number: Website Address:				Streaming:			
					Facebook:			
	Email Address:				Twitter:			
		Officers Begin Serving:	Month:	Ye	ear:	Annual Rep	ort	
		Length of Term:	1 Year		2 Years	Interim Rep	This Section	
	T						Adventist Verific	eation Screening
	NAME			EMAIL			Member of Current Church:	Yes 🗆 No
HEAD ELDER	ADDRESS			HOME PI	HONE		Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP			CELL PH	ONE		Expiration of Background Check:	(Month/Year)
	NAME			EMAIL			Member of Current Church:	Yes D No
CLERK	ADDRESS			HOME PI	HONE		Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP			CELL PH			Expiration of Background Check:	(Month/Year)
ASST. CLERK	NAME			EMAIL			Member of Current Church:	Yes D No
	ADDRESS			HOME PI	HONE		Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP			CELL PH			Expiration of Background Check:	(Month/Year)
					1			

			Member of	
TREASURER	NAME	EMAIL	Current Church: Yes	□ No
	IVALVIE	EMME	Expiration of	
	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
			Expiration of	
	CITY, ST, ZIP	CELL PHONE	Background Check:	(Month/Year)
			Member of	D.N.
	NAME	EMAIL	Current Church: Yes Expiration of	□ No
ASST. TREASURER	ADDRESS	HOME BHONE	ASV Training:	(Month/Year)
	ADDRESS	HOME PHONE	Expiration of	(, 1 0)
	CITY, ST, ZIP	CELL PHONE	Background Check:	(Month/Year)
	C111,51,211	CEEETHORE	Member of	
	NAME	EMAIL	Current Church:	□ No
CHURCH			Expiration of	
SECRETARY	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
			Expiration of	OM d. M
	CITY, ST, ZIP	CELL PHONE	Background Check:	(Month/Year)
			Member of Current Church: ☐ Yes	□ No
	NAME	EMAIL	Expiration of	U 110
BULLETIN SECRETARY	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
SECKETAKI	ADDRESS	HOME PHONE	Expiration of	
	CITY, ST, ZIP	CELL PHONE	Background Check:	(Month/Year)
	0111,81,211	CERTIFICATI	Member of	
	NAME	EMAIL	Current Church:	□ No
ADVENTURER			Expiration of	25 25
DIRECTOR	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
			Expiration of Background Check:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE		(Month/Tear)
	NAME	EMAH	Member of Current Church: ☐ Yes	□ No
CHILDREN	NAME	EMAIL	Expiration of	- 110
MINISTRY	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
DIRECTOR	TODICES	HOME I HOME	Expiration of	
	CITY, ST, ZIP	CELL PHONE	Background Check:	(Month/Year)
COMMUNICATION			Member of	_
	NAME	EMAIL	Current Church:	□ No
			Expiration of	(Month /V
DIRECTOR	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
	CHARL OF THE		Expiration of Background Check:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Dackground Check.	(171011till/ 1 tal)

			Member of	_
COMMUNITY SERVICE DIRECTOR	NAME	EMAIL	Current Church:	□ No
	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
	0111,81,21	OBELTIO: III	Member of	
	NAME	EMAIL	Current Church:	□ No
DEACON - HEAD	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
	333,33,33	02223333	Member of	
	NAME	EMAIL	Current Church:	□ No
DEACONESS- HEAD	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
			Expiration of	05 05
	CITY, ST, ZIP	CELL PHONE	Background Check:	(Month/Year)
			Member of	D No
	NAME	EMAIL	Current Church: Yes Expiration of	□ No
DISASTER COORD.	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
			Member of	
	NAME	EMAIL	Current Church:	□ No
EDUCATION DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
	333,33,33	02223333	Member of	
	NAME	EMAIL	Current Church:	□ No
FAMILY LIFE DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
	VIII, VII, EII	CLELINOITE	Member of	
HEALTH & TEMPERANCE DIRECTOR	NAME	EMAIL	Current Church:	□ No
	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
L			I	

MEN MINISTRY DIRECTOR	NAME	EMAIL	Member of Current Church: ☐ Yes	□ No
			Expiration of ASV Training:	(Month/Year)
	ADDRESS	HOME PHONE	Expiration of Background Check:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Member of	(Wonth/Tear)
MUSIC COORD.	NAME	EMAIL	Current Church:	□ 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: ☐ Yes	□ No
PARL RELIGIOUS LIBERTY	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
	577,87,27	CALLTRONA	Member of	_
	NAME	EMAIL	Current Church: Yes	□ No
PATHFINDER DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
	, ,		Member of	_
PERSONAL	NAME	EMAIL	Current Church: Yes	□ No
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: Yes	□ No
PRAYER MINISTRY	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
COORD.	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
	(111,51,211	CELLTHONE	Member of	
	NAME	EMAIL	Current Church:	□ No
PRISON MINISTRY DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)

SINGLES MINISTRY DIRECTOR			Member of Current Church: ☐ Yes	□ No
	NAME	EMAIL	Expiration of	4 110
	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
	CHANGE OF THE		Expiration of Background Check:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Member of	(women/rear)
SABBATH SCHOOL	NAME	EMAIL	Current Church: Yes	□ No
	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
SUPERINTENDENT			Expiration of Background Check:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Member of	(,
	NAME	EMAIL	Current Church: Yes	□ No
STEWARDSHIP DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
	C111,51,211	CELETHONE	Member of	
	NAME	EMAIL	Current Church:	□ No
VACATION BIBLE SCHOOL LEADER	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
	0111,01,211	CELETITOTIE	Member of	
WOMEN	NAME	EMAIL	Current Church:	□ No
MINISTRY DIRECTOR	ADDRESS	HOME PHONE	Expiration of ASV Training:	(Month/Year)
DIRECTOR	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
			Member of	D No
ADVENTIST	NAME	EMAIL	Current Church: Yes Expiration of	□ No
YOUTH MINISTRY LEADER	ADDRESS	HOME PHONE	ASV Training:	(Month/Year)
	CITY, ST, ZIP	CELL PHONE	Expiration of Background Check:	(Month/Year)
			Member of	
**************************************	NAME	EMAIL	Current Church:	□ No
YOUTH CAMP REPRESENTATIVE	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:	_
BACKGROUND SCREENING	ADDRESS			HOME PHONE	Expiration of ASV Training: (Month/Ye	ear)
COORDINATOR	CITY, ST, ZIP			CELL PHONE	Expiration of Background Check:(Month/Ye	ear)
	C111, 51, 211			CELLIHONE	Member of	—
	NAME			EMAIL	Current Church: Yes No	
	ADDRESS			HOME PHONE	Expiration of ASV Training:(Month/Ye	ear)
	CITY, ST, ZIP			CELL PHONE	Expiration of Background Check:(Month/Ye	ear)
	NAME			EMAIL	Member of Current Church: □ Yes □ No	
	ADDRESS			HOME PHONE	Expiration of ASV Training: (Month/Ye	ear)
	CITY, ST, ZIP			CELL PHONE	Expiration of Background Check:(Month/Ye	ear)
Each volunteer has to go through child	s current child protection	d background screening through	ening through Adver	entist Screening Verification (ASV) as required by the South years. (ASV website: www.ncsrisk.org) e) (board minute action #)	nern New England Conference. <u>All</u> volunteers are required	1
	-		((coma minuta action.)		
Number of register	red sex offenders attendi	ing this congregation				
Number of signed Church Participation Agreements			(A (copy of each agreement should be sent to Executive Secretar	ry and/or Child Protection Coordinator)	
Verified by:						
					For Office Use Only	
Pastor Signature	Date	Clerk Signature	Date	Child Protection Coordinator Signature Date	Received	\exists
Tubioi organica.	Dute	Civil Digitatur	Date	Clina i rotection economico esginites.	Distributed	\exists
					Entered Online	