

Southern New England Conference

Local Church General Information & Officer Update

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

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

This Section is Required

Adventist Verification Screening

HEAD ELDER	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)
CLERK	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)
ASST. CLERK	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)

TREASURER	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)
ASST. TREASURER	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 SECRETARY	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)
BULLETIN SECRETARY	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)
ADVENTURER DIRECTOR	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)
CHILDREN MINISTRY DIRECTOR	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)
COMMUNICATION DIRECTOR	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)

COMMUNITY SERVICE DIRECTOR	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)
DEACON - HEAD	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)
DEACONESS-HEAD	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)
DISASTER COORD.	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)
EDUCATION DIRECTOR	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)
FAMILY LIFE DIRECTOR	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)
HEALTH & TEMPERANCE DIRECTOR	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)

MEN MINISTRY DIRECTOR	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)
MUSIC COORD.	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)
PARL RELIGIOUS LIBERTY	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)
PATHFINDER DIRECTOR	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)
PERSONAL MINISTRY DIRECTOR	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)
PRAYER MINISTRY COORD.	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)
PRISON MINISTRY DIRECTOR	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)

SINGLES MINISTRY DIRECTOR	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)
SABBATH SCHOOL SUPERINTENDENT	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)
STEWARDSHIP DIRECTOR	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)
VACATION BIBLE SCHOOL LEADER	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)
WOMEN MINISTRY DIRECTOR	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)
ADVENTIST YOUTH MINISTRY LEADER	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)
YOUTH CAMP REPRESENTATIVE	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)

BACKGROUND SCREENING COORDINATOR	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
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	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)

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 Executive Secretary and/or Child Protection Coordinator)

Verified by:

Pastor Signature Date

Clerk Signature Date

Child Protection Coordinator Signature Date

For Office Use Only
Received
Distributed
Entered Online