

Volunteer Staff Form

Service Information

PART 1

Part one is completed and returned within two weeks.

Section I Date of Record

Name _____ Birth Date _____

Address _____

Home Phone _____ Work Phone _____

Church _____ Pathfinder Club _____

Marital Status: Married Single Divorced Name of Spouse _____

Children: Name _____ Birth date: Month Day Year

1. _____

2. _____

3. _____

Section II Health History

Do you now have or have you had any injury/sickness that might limit your involvement in Pathfinder Club activities?

Yes No If yes, how would it hinder? _____

Section III Educational Record

Highest degree/diploma held _____ Year degree/diploma received _____ School granting degree/diploma _____

College major/minor _____

Section IV Experience

List experience (Adventurers, Scouting, Sabbath School, etc.) that might qualify you for Pathfinder leadership.

Position/Type of Work	Church/Organization	Date of Service
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1. _____

2. _____

3. _____

4. _____

5. _____

(over)

Section V Instruction Ability

Please list the honors/crafts which you are interested in teaching. Circle: T-capable of teaching. A-able to assist. I-interested in teaming to teach.

Honor/Craft

_____	TAI	_____	TAI
_____	TAI	_____	TAI
_____	TAI	_____	TAI

Section VI References

Please list below three individuals who know you well enough to recommend you as a Pathfinder staff person.

	Name	Address	Phone
1. Pastor	_____	_____	_____
2. Local teacher	_____	_____	_____
3. Other	_____	_____	_____

Section VII 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 a Pathfinder leader, and hereby authorize personal references or any other person or persons to whom the 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 purpose 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____.

_____	_____
Witness	Signature of Applicant

Please give Part 1 of your application to your Pathfinder director within two weeks.



Director Use Only Date Received _____ Date Voted by Church Board _____

Recommended Not Recommended Recommended w/conditions noted

Local Pathfinder Club _____

Local Pathfinder Club Director Signature _____