

**Southern New England Conference**  
**Adventist Screening Verification**  
**Level 2 or 3 Admin Designation Form**



ADVENTIST SCREENING  
VERIFICATION

Seventh-day Adventist Church  
NORTH AMERICAN DIVISION

The person named below has been approved by our facility to be a Level 2 Administrator for the Adventist Screening Verification (powered by Sterling Volunteer) background screening program. This will allow the assigned administrator the ability to see when a volunteer has started and completed the required training course and background screening for your location. It also allows them to be sure all volunteers at your facility have complied with the requirement.

The Level 2 Administrator does not have access to the background information, they will only see if the volunteer is eligible or ineligible for service once their background screening has been run. They will also have the ability to edit the addresses, phone numbers, etc. of the volunteers at your location to help keep their information current.

Your facility can also select a Level 3 Administrator, which is a review only position without the ability to edit address or phone numbers.

Please return this information to our office as soon as possible so we can get the administrator designated in the web portal.

Church/School Name: \_\_\_\_\_

**Level 2 Administrator Designation:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Level 3 Administrator Designation:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has the above been approved by the board?  Yes

\_\_\_\_\_  
Pastor/Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Return to: April Montoya-González, Adventist Screening Verification  
Coordinator Email: [syoung@sneconline.org](mailto:syoung@sneconline.org)  
Telephone: 978-365-4551 - Fax: 978-365-3838

Southern New England Conference of the Seventh-day Adventists  
*Adventist Youth Ministries Department*  
 Club Registration & Adventist Screening Verification Form  
 20 \_\_\_\_ - 20 \_\_\_\_



Church Name: \_\_\_\_\_ Group/Club Name: \_\_\_\_\_

Elected Director's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home Cell Work

**Submit this form to the office along with the list of registered *PATHFINDERS*. Keep a copy for your records.**

**REQUIREMENTS:**

- All staff and volunteers must have completed the Adventist Screening Verification process and be approved to serve by the level 2 or 3 Administrator
- Your local church board must approve all meetings, activities, events, outings, etc., for insurances purposes.
- Email form to: [khuggan@sneonline.org](mailto:khuggan@sneonline.org)
- Large clubs may submit multiple pages
- Mail to: Adventist Youth Ministries Southern New England Conference PO Box 1169 So. Lancaster, MA 01561 or
- Fax: (978) 365-3838

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Please list all Adult Staff /Volunteers for the Season	Child Protection Course Expiration date	Background Check Expiration Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____

**Church Board Signatures:**  
*By Signing this form, we acknowledge that all names listed above are members in regular standing, have completed the requirements of Adventist Screening Verification and are eligible to serve.*

Church Pastor or Head Elder If No pastor: \_\_\_\_\_ Church Clerk: \_\_\_\_\_  
 Child Protection Coordinator: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Southern New England Conference of the Seventh-day Adventists  
*Adventist Youth Ministries Department*

List of Registered Pathfinders  
 20\_\_\_\_ - 20\_\_\_\_



Church Name: \_\_\_\_\_ Group/Club Name: \_\_\_\_\_

Elected Director's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home Cell Work

***Please send this form to the office along with the registration & ASV form. Keep a copy for your records.***

Please list all enrolled **Pathfinders** for the Season

	Investiture Achievement Level	Is this Pathfinder a TLT? Yes or No
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____