

PREREQUISITES FOR TRAINING

NB: Acceptance of new members will only be at the beginning of each year

1. To be considered for membership the applicant **must**:
 - Be at least 16 years
 - Be a baptised member of the Seventh-day Adventist Church
 - Complete a Basic Staff Training Course in one of the following:
 - Adventurer Ministries
 - Pathfinder Ministries
 - Youth Ministries
 - Complete and return the application form
 - Pay the requisite fees
2. On becoming a trainee, the applicant commits to:
 - Learn and uphold the ideals of the Adventist Youth Ministries.
 - Obey all instructions given by the Training Administrators.
 - Participate in at least 85% of training activities (Regular training sessions, class work, honours, Conference and Federation sponsored events such as camps, fairs and rallies.)
 - Being an active member of a Pathfinder/Adventurer Club/AY Society

APPLICANT'S COMMITMENT

I have read thoroughly the Training Programme Guidelines and accept the conditions therein. I hereby pledge to abide by the principles of the Seventh-day Adventist Church and to use my talents, skills and abilities in service to the youth who I am being trained to lead.

APPLICANT'S SIGNATURE

DATE	DD	MM	YY

FOR ADMINISTRATION ONLY

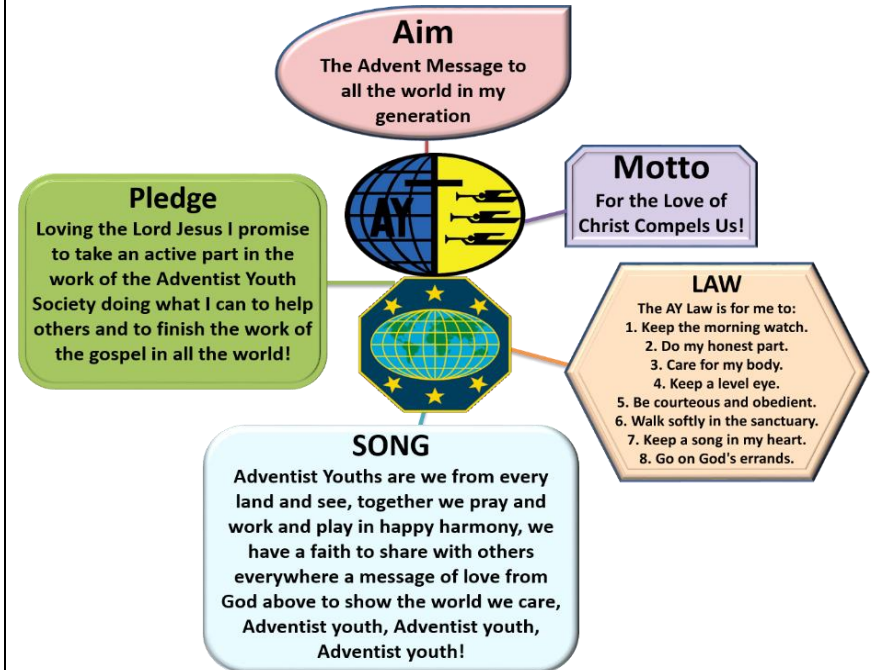
	Date	Signature
Registered		
Registration Fee Paid		
Training Requirements Completed		
Invested		



Central Jamaica Conference of Seventh-day Adventists

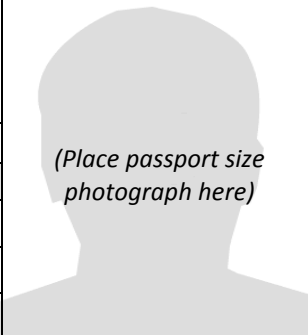
YOUTH MINISTRIES DEPARTMENT

Youth Ministries Leadership Training Application Form



FEDERATION	
TRAINING LOCATION	
PARISH	

TRAINING TO BE PURSUED	MASTER GUIDE <input type="radio"/>
	SENIOR YOUTH <input type="radio"/>
	PATHFINDER LEADERSHIP AWARD <input type="radio"/>
	PATHFINDER INSTRUCTOR AWARD <input type="radio"/>
	OTHER <input type="radio"/>

APPLICANT INFORMATION				
NAME				
	<i>SURNAME</i>	<i>FIRST NAME</i>	<i>MIDDLE INITIAL</i>	
ADDRESS				 <p><i>(Place passport size photograph here)</i></p>
DATE OF BIRTH	DD	MM	YY	
	TELEPHONE	(H)		
	(C)			
	(W)			
EMAIL ADDRESS				
CHURCH				
DATE OF BAPTISM	DD	MM	YY	
	WERE YOU A PATHFINDER?		YES <input type="radio"/>	NO <input type="radio"/>
IF YES, INDICATE INVESTED CLASSES:	FRIEND <input type="radio"/> COMPANION <input type="radio"/> EXPLORER <input type="radio"/> RANGER <input type="radio"/> VOYAGER <input type="radio"/> GUIDE <input type="radio"/>			
HAVE YOU COMPLETED THE 10-HOUR BASIC STAFF TRAINING OR AY CERTIFICATION IN THE LAST THREE (3) YEARS?	YES <input type="radio"/>	NO <input type="radio"/>		
WHAT IS YOUR PREFERENCE FOR SERVICE?	ADVENTURERS (6-9 YRS.) <input type="radio"/>			
	PATHFINDERS (10-15 YRS.) <input type="radio"/>			
	YOUTH (16 – 35 YRS.) <input type="radio"/>			
NAME OF THE CLUB/AY IN WHICH YOU ARE/WILL BE WORKING				
EMERGENCY CONTACT				
NAME				
RELATION				
ADDRESS				
TELEPHONE				

HEALTH RECORD	
List any medical condition which training administrators need to be aware of in evaluating or planning participation in training activities	
Special medications or pertinent information	
In case of emergency, I hereby give permission to the medical practitioner selected by the training administrator to secure proper treatment for me/my child.	
SIGNATURE OF APPLICANT (OR PARENT /GUARDIAN WHERE APPLICANT IS UNDER 18YRS	
BRIEF STATEMENT OF PURPOSE AND COMMITMENT (STATE WHY YOU WANT TO BE A MASTER GUIDE/SENIOR YOUTH LEADER)	
CHURCH AUTHORISATION <i>(MUST BE STAMPED WITH CHURCH STAMP)</i>	
I certify that _____ is a member of the _____ Seventh-day Adventist Church in good and regular standing and is therefore eligible to be trained for Youth Ministries.	
NAME OF PASTOR/FIRST ELDER	
SIGNATURE OF PASTOR/FIRST ELDER	