



MASTER GUIDE CANDIDATE APPLICATION
Illinois Conference of Seventh-day Adventists
619 Plainfield Road, Willowbrook, IL 60527
Fax: 630-734-0929 E-mail: pathfinders@illinoisadventist.org

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Telephone: () _____ - _____ Cell Phone: () _____ - _____

E-mail Address: _____ @ _____ Age: _____ Gender: Male / Female

Church Membership: _____
Church Name City State

Marital Status: ___Married ___Single ___Other Spouse Name: _____ #of Children_____

Do you currently have, or have you had in the past, any injury or illness which might limit your involvement in Pathfinder activities? Y / N If yes, please briefly describe:

Education: ___HS Grad ___GED College Degree Y / N Minor/Major: _____

List three personal references. You may not use family/relatives or your pastor.

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

Have you ever been formally or informally convicted or disciplined for unlawful sexual conduct, child abuse, and/or child sexual abuse? Y / N. If yes, please explain:

Recommended by Local Church Pastor: Y / N _____
Print Name Signature

Recommended by your Area Coordinator: Y / N _____
Print Name Signature