

Oklahoma Conference MG Registration

Oklahoma Conference of Seventh-day Adventist

YOUTH MINISTRIES DEPT.

P.O. Box 32098, Oklahoma City, OK 73123

Phone. 405-721-6110 Fax. 405-721-7594

Name _____ / _____			
First	Middle Initial	Last	Maiden Name
Address: _____			
Street	City	State	ZIP

Age: (please circle one) 16-18 19-25 26-35 36-45 46-59 60+

Telephone: () _____	Best time to call? _____ a.m. _____ p.m.
Email Address: _____ (Please make sure your email address is legible)	

Please check your current Master Guide status.

___ I have completed the Master Guide Program

___ I am currently working on the Master Guide Program

___ I have not started the Master Guide Program

Please mark the Levels Completed:				
Adventurer	Jr. Pathfinder	Pathfinder	Master Guide	Year
___ Little Lamb	___ Friend	___ Ranger	___ Master Guide	_____
___ Eager Beaver	___ Companion	___ Voyager	___ AYMT Courses	_____
___ Busy Bee	___ Explorer	___ Guide	___	_____
___ Sunbeam				
___ Builder				
___ Helping Hand				

What Club are you presently affiliated? _____

Tell us what ministries you are currently serving in or plan to serve in.

___ **Adventurers – Specify:** _____

___ **Pathfinders-Specify:** _____

___ **Children's Ministry - Specify:** _____

___ **Youth Ministry – Specify:** _____

___ **I have completed the Verified Volunteers Background Check. Date Completed:** _____

I affirm that the information listed above is accurate.

Signed

Date

YOUTH MINISTRIES OFFICE:	
Date Received _____	Signature _____