Agape Aqualights Master Guide Club

Seventh-day Adventist Church in Ontario, Canada

Membership Application Form

Contact Information

Name of MG/MGT: _____ Sex: ☐ Male ☐ Female

Address: _____ City: _____ Province_____

Postal Code_____ Date of Birth (dd/mm/yyyy): _____ Age: _____

Church Membership: _____ Mobile #: _____ Home #: _____

Area of specialization: ☐ Adventurer Ministry ☐ Pathfinder Ministry

For MGTs: I have been a Pathfinder ☐ No ☐ Yes - Church & Club Name: _____

Levels Completed: ☐ Friend ☐ Companion ☐ Explorer ☐ Ranger ☐ Voyager ☐ Guide

For MGs: Date of Investiture: _____ Church & Club Name: _____

Applicant has completed the following continuing education programs:

☐ Pathfinder Leadership Award (PLA) Date: _____ ☐ In Progress
☐ Pathfinder Instructor Award (PIA) Date: _____ ☐ In Progress
☐ Adventurer Leadership Growth (ALG) Date: _____ ☐ In Progress
☐ AYMT Certification Program
Please specify_____ Date: _____ ☐ In Progress

Position or office you currently hold in your local church or in other ministries such as Adventurer, Pathfinder or Youth ministries? _____

What God-given talents do you use in the Lord's service? (E.g. Singing, playing the piano or other musical instruments, web or graphic design, etc.). Please specify:

_____

Commitment of Applicant

I would like to join the Aqualights Master Guide Clug with heartfelt commitment to uphold the ideals of this ministry, to be trained and developed for service, and to give my support by attending all meetings and participating in leadership, discipleship, and outreach endeavours of the club.

Applicant's Signature: _____ Date: _____

Registration Fee: $ _____ Dues: $_____ Total: $ _____

Approval of Parents/Guardians (for Applicants under 18 years of age)

I/we are willing to support our son/daughter/ward, whose name appears above, to become a member of the Aqualights Master Guide Club, and hereby voluntarily waive any claim against the club or the Ontario Conference of Seventh-day Adventist Church for any accidents which may occur in connection with the activities of the Master Guide Club.

Parents/Guardians: _____ _____ _____ _____ _____
Names Signatures Date

FOR OFFICE USE ONLY

Application Approved: ☐ Yes ☐ No Remarks: _____

Date Approved: _____ MG Club Director:_____ _____
Name Signature