



SOUTHERN CALIFORNIA CONFERENCE
OF SEVENTH-DAY ADVENTISTS
Literature Ministries Department
1535 E. Chevy Chase Dr.
Glendale, CA 91206
Office: (818) 546-8435
Cell: (509) 240-7224
Fax: (818) 546-8430

SUMMER 2007 EMPLOYMENT APPLICATION

Please Print Using Black or Blue Ink

June 10 – August 17

Social Security # _____ - _____ - _____

Name: _____

Age: _____ Date Of Birth: ____/____/____

Home phone (____) _____ - _____ Cell phone (____) _____ - _____

Home Address _____

City _____ State _____ Zip _____

E-mail address _____ School Name _____

School Phone (____) _____ - _____

School Address _____

City _____ State _____ Zip _____

Where do you plan to attend school next year? _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Have you ever worked for the Southern California Conference of SDA? Yes No

If yes, please indicate when and in what capacity: _____

Have you ever been convicted of a felony? Yes No If yes, please explain (use back if necessary):

How long have you been an Adventist? _____

What are your hobbies? _____

What is your favorite kind of music? _____

Do you speak another language besides English Yes No If yes which? _____

Why do you want to do Literature Evangelism? _____

How were you referred to our program? _____

Date school ends _____ Date school begins _____

Do you have any relatives who are employed by this organization? __ Yes __ No

Please provide the name but not the relationship: _____

References (do not include relatives)

PASTOR/Teacher _____ Phone (____) _____

Address _____

Work Supervisor _____ Phone (____) _____

Address _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as special skills, hobbies, school roles, etc.

Applicant's Statement (Read this carefully)

I understand the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Southern California Conference Executive Committee. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date _____

I, _____, (name printed) recognize that the mission of the Southern California Conference of Seventh-day Adventists is: “to proclaim, to continue, and to finish the work that Jesus started, with special responsibility for reaching each person in the Southern California Conference.”

I further understand and accept that the philosophy of the Southern California Conference of Seventh-day Adventists is embodied in the following statement: “God might have committed the message of the gospel, and all the work of living ministry, to the heavenly angels. He might have employed other means to accomplish His purpose. But in his infinite love He chose to make us co-workers with Himself, with Christ and the angels that we might share the blessings, the joy, and the spiritual uplifting, which results from the unselfish ministry.” Steps to Christ, p. 79.

Therefore I commit myself to this philosophy. I accept the responsibility of properly representing the Seventh-day Adventist Church in attitude, philosophy and conduct. As evidence of this commitment and acceptance, I submit the following information and accept and acknowledge the following:

CHURCH MEMBERSHIP: I am a member in regular standing of the Seventh-day Adventist Church. My membership is at the local church indicated below and I authorize the Southern California Conference of Seventh-day Adventists to contact my church to verify my membership standing.

_____	_____	_____
Church Name	City, State	Conference

ADHEREANCE TO ADVENTIST VALUES: I understand that my offer of employment and my continued employment is conditional upon my adherence to the practices, standards, beliefs and precepts held by the Seventh-day Adventist Church.

ACCEPTANCE OF SCC POLICIES: In order for the Southern California Conference of Seventh-day Adventists to function efficiently and effectively, I agree to follow the official policies of the Conference.

_____	_____
Signature	Printed Name

Date

IMPORTANT INFORMATION

Participants earn 50% of the donations they receive. Participants must work the entire period noted at the top of this application with a California Conference student program to receive a full scholarship. 5% of the participant’s donations are given to the student weekly for his/her personal needs during the summer at their request; the remaining 45% will be given as a regular bi-monthly payroll. Scholarship moneys are deducted from the payroll at the participant’s request.

**PLEASE MAIL COMPLETED APPLICATION TO:
LITERATURE MINISTRIES, 1535 E. CHEVY CHASE DR., GLENDALE, CA 91206**

SOUTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS
1535 E. Chevy Chase Dr., Glendale, CA 91206

**AUTHORIZATION FOR MEDICAL
TREATMENT FOR MINORS**

I, _____ (printed name of parent or guardian) am the parent or legal guardian of _____ (printed name of minor), referred to as “my child.”

My child is attending and participating in “Youth Rush,” of the Literature Ministries Department of the Southern California Conference of Seventh-day Adventists, located at 1535 E. Chevy Chase Drive, in the city of Glendale, Los Angeles County, California.

I authorize the Director of Literature Ministries and his/her designees who are 18 years of age or older, who supervise the activities at this organization into whose care my minor child has been entrusted, to consent to medical or dental care, or both, for my minor child under Sections 6901, 6902, and 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any radiological (x-ray) examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon, licensed under California laws or equivalent statutes of other States, for my child.

I further authorize the Director and his/her designees who supervise the activities of the organization to receive physical custody of my minor child, under Section 1283(a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender custody of my minor child to the Director and his/her designees who are 18 years of age or older who supervise the activities at this organization.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the Director and his/her authorized designees, to exercise his or her best judgment on what is advisable for my child’s care, upon advice of such physician, dentist and surgeon. A photocopy of this authorization shall be as valid as the original. This Authorization shall remain valid until revoked in writing.

The attached information sheet contains the complete and accurate health and emergency information to assist in providing assistance to my child.

signed _____ City and State where signed

Signature of parent or guardian

Date

***SOUTHERN CALIFORNIA CONFERENCE OF
SEVENTH-DAY ADVENTISTS***

**SUPPLEMENT TO AUTHORIZATION
FOR MEDICAL TREATMENT FOR MINORS**

HEALTH AND EMERGENCY INFORMATION

My minor child's information:

Full Legal Name: _____
First Middle Last

Address: _____

City State Zip code

Home phone: (_____) _____ - _____

Birth date: _____ Social Security or I.D. No: _____

Health Insurance: Health Insurance Company: _____

Name of insured: _____

Group Number: _____

Allergies or medications being taken:

Please attach a photocopy of the health insurance card.

Parents/Guardian information:

Printed Name: _____

Address (if different): _____

Contact numbers: Home: _____

Work: _____

Cell or pager: _____

Parents' e-mail address: _____@_____