

Adventurer Director's Packet 2011 - 2012



Arkansas - Louisiana Conference





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Adventurers 2011 - 2012

Arkansas - Louisiana Conference



Grades 1-4/Ages 6-9



Conference Directed Events:

- **Investitures** - as requested
- **Honor Fests** - dates announced in Smoke Signals
- **Training** - Leadership Weekend (CYB) September each year
- **Pathfinder / Adventurer Council (PAC)**

Conference Administrative Support:

- **Smoke Signals** - bimonthly newsletter
- **Local Conference Patches** - ordering, billing and mailing
- **Club Points** - verification and charting

**For all non-conference patches
Please call AdventSource at 800.328.0525**

**If you want to start an Adventurer Club Or need more information
Please contact Lloyd Clapp.**

Lay Director: Lloyd Clapp

Phone #: (479) 752-3507
Cell Phone # (318) 347-9910
Email: clappl@tds.net

Secretary: Sylvia Downs

Phone #: (318) 631-6240
Fax #: (318) 631-7611
Email: sdowns@arklac.org

**Arkansas - Louisiana Conference
Adventurer Ministries**

Physical Address
7025 Greenwood Road
Shreveport, Louisiana 71119

Mailing Address
P.O. Box 31000
Shreveport, Louisiana 71130



Club Registration Section

- Adventurer Club Yearly Application Form
- Certificate of Membership Form
- Smoke Signals Mailing List Form
- Volunteer Service Information Form
- Application for Youth Work Form
- Driver's Questionnaire Form



Just a little paper work!



Adventurer Club Yearly Application

SPONSORING CHURCH: _____

PASTOR: _____

ELECTED CLUB DIRECTOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PH: (____) _____ - _____ WORK PH: (____) _____ - _____ CELL PH: (____) _____ - _____

The Philosophy of Adventuring

The purpose of having an Adventurer Club is to lead its membership into a growing, redemptive relationship with Christ, to build its membership into responsible, mature individuals and to involve its membership in active selfless service. All Adventurer leaders are Christians, working hand in hand with parents, teachers, and pastors to provide optimum opportunities for Christian development. The Adventurer Club is an extension of the home, school and church. It is a laboratory where growth and learning flourish. The membership involves youth in grades 1-4 (age 6-9) who have a desire for group activities ranging from community to world mission projects. Nature, outdoor and camping activities, AY/Adventuring class curriculum and AY Awards are a part of the total experience. Above all, Adventuring gives youth an environment in which to actively expand their personal experience with Christ.

Your Commitment to Adventuring

We, the undersigned, have read, understand, and are in full agreement with the above Philosophy of Adventuring and we agree to support our club with the means that the Lord has given this church. This includes finances, staff volunteers, a meeting place, transportation for outings, and any other needs as may arise in the fulfillment of this ministry. We plan to assist and support the work of the pathfinder ministry in this conference and around the world.

Signatures

Church Pastor: _____ Date: _____

Head Elder: _____ Date: _____

Church Clerk: _____ Date: _____

Club Director: _____ Date: _____

Other Church Board Members:

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____



This Adventurer Club Charter Application is sent to every church in the conference by the Conference Adventurer Department. The purpose is to allow the church leadership to purposefully request to the conference that they are interested in sponsoring an Adventurer Club. This application form is also available from *AdventSource*, 5040 Prescott Avenue, Lincoln, NE 68506



Due October 5th

Communication & E-Mailing List

Once again it is time to update our mailing list. Leaders, please send us your name and the name of your Deputy Director. (Due to the high cost of postage we would encourage you to share your copies as much as possible.)

All names that are not verified will be removed from the list. This list is compiled from scratch each year so everyone needs to send in this form even if there is no change in Club Directors or Deputy Directors.

- Eager Beaver**
- Adventurer**
- Pathfinder**



CLUB: _____

CLUB DIRECTOR: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL ADDRESS: _____@_____

DEPUTY DIRECTOR: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL ADDRESS: _____@_____

This should be returned to:
 Conference Office Youth Department
 PO Box 31000
 Shreveport, LA 71130.



OFFICE USE ONLY

Date Received:	Recommended:	Not Recommended:
Recommended with Conditions Noted:		
Conference Children's/Youth Ministries Director Signature:		Date Approved:

**CHILDREN'S/YOUTH MINISTRIES STAFF
VOLUNTEER SERVICE INFORMATION FORM**

SECTION I DATE OF RECORD

Name:	Birthdate:		
Address:			
Street	City	State	Zip
Home Phone:		Work Phone:	
(circle one) Sabbath School, VBS, Adventurers or Pathfinders			
Church:		Division: NORTH AMERICAN DIVISION	
Marital Status (circle one): Married Single Divorced Separated		Name of Spouse:	
Children's Names:		Children's Birthdays (month/day/year):	
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
Other areas of children's work		Where?	When?

SECTION II HEALTH HISTORY

Do you now have or have you had any injury/sickness that might limit your involvement in Children's/Youth Ministries activities? **Circle: Yes No**

If yes, how would it hinder:

SECTION III EDUCATIONAL RECORD

Highest level of education:	Degree/Diploma held:
Year Degree/Diploma received:	College Major/Minor:
School granting Degree/Diploma:	

SECTION IV EXPERIENCE

Please list all experiences (VBS, Sabbath School, Adventurer or Pathfinder Club, etc.) that might qualify you to work with children and/or youth:

Position:	Type of Work:
1. _____	_____
2. _____	_____
3. _____	_____

SECTION V SPECIAL SKILLS OR INTERESTS

Please list the areas in which you are interested in helping or teaching (division leader, piano player, assistant, etc.)

Circle: T = capable of teaching A = able to assist I = interested in learning to teach

1. _____	T A I	5. _____	T A I
2. _____	T A I	6. _____	T A I
3. _____	T A I	7. _____	T A I
4. _____	T A I	8. _____	T A I

SECTION VI UNLAWFUL CONDUCT

Have you ever been accused, charged or disciplined for any unlawful sexual conduct, child abuse and/or child sexual abuse? **Circle: Yes No**

Date: _____ Place: _____

Type of Conduct: _____

CONTINUATION OF STAFF VOLUNTEER SERVICE INFORMATION FORM

SECTION VI (Continued) UNLAWFUL CON-

If possible, please give the name and address of a reference/professional who can verify that you are now suitable for Children's/Youth Ministry work:

Name of reference: _____ Street: _____ City : _____

Zip: _____ Ph: (_____) _____

SECTION VII REFERENCES

Please list below three individuals who know you well enough to recommend you to work in Children's/Youth Ministries

Name: _____ Street: _____ City : _____ State: _____ Zip: _____

1. Pastor _____

2. Other _____

3. Other _____

SECTION VIII - STATEMENT OF ACCURACY

The above information is accurate to the best of my recollection. I understand that this is strictly a volunteer position and that I will receive no remuneration for services and time volunteered.

Applicant's Signature Date

It is the goal of every Adventurer and Pathfinder Club leader, Sabbath School Superintendent, or Vacation Bible School leader and staff to have the best-qualified personnel available for his/her church. Therefore, we are requiring all present and future Children's/Youth Ministries staff to complete this form so we may analyze their leadership potential. This record becomes the property of the Conference Children's/Youth ministries Department and will be used to evaluate present and prospective Children's/Youth Ministries workers. It will be forwarded to another Conference's Children's/Youth Ministries Department should the applicant move to another Conference.

Section VI deals with unlawful conduct. This section has been included to protect the children and youth in Adventurer, Pathfinders, Sabbath School, Vacation Bible School, and other programs from abuse and to protect the Seventh-day Adventist Church organization from recommending any staff member who has had a problem in this area.

If the Conference Children's/Youth Ministries Director recommends the applicant, information in Sections I-V will be copied and sent to the local church for the pastor and program leaders to use in determining staff qualifications. If the applicant has not been approved, none of the information will be forwarded.

When a local church requests a recommendation from the Conference Children's/Youth Ministries Director, the Conference Director may not release any specifics and may respond only with "recommended," "not recommended," or "recommended with conditions noted."

All information on this application will become a permanent record and should include updates. In the event of accusations against the applicant, opportunity should be given for response by the accused. This response also becomes a part of the record.

We regret having to include a section on unlawful conduct, however, understanding the epidemic proportions of this problem, it becomes necessary to create a database to protect the child, Children's/Youth Ministries workers, and the church organization.

NOTE: Please make sure that you have answered the questions in SECTION VI and signed your name in SECTION VIII. Mail the completed form to your Conference office, in care of the Children's/Youth Ministries Department.

Office Use

Adventurers 2011 - 2012 Arkansas - Louisiana Conference



Record of Church Contact with a Reference or Church Identified by an Applicant for Youth Work

(please print)



1. Name of Applicant:

2. Reference or church contacted:

Person contacted:

Title of person contacted:

3. Date and time of contact:

4. Name of person contacting the reference or church:

5. Method of contact (eg: telephone, letter, personal conversation):

6. Summary of conversation (summarize the reference's remarks concerning the applicant's fitness and suitability for youth or children's work):

Signature

Date



Risk Management Services, Inc.
12401 Old Columbia Pike
Silver Spring, MD 20904



Adventurer Driver's Questionnaire

(Please complete all blanks and print legibly)

Driver _____ Birth Date _____
Last First Middle Month/Day/Year

Driver's License # _____ Social Security # _____

State Licensed In: _____

Home Address: _____

City State Zip Code

How long at above address? _____

Adventurer Club: _____

What other State(s) have you had a Driver's License in the last 3 years? _____

Type Vehicle you drive: Utility School Bus Auto Semi-Tractor
 Church Van School Van Other (explain) _____

Number of Years Driving Experience in this Type of Vehicle: _____

Number of Miles driven Annually: _____

Please List All Citations and Any Accidents in the Last Three Years.

Give the Dates, Details and Location of Each Citation and/or Accident.

I hereby authorize Risk Management Services, Inc., to obtain my motor vehicle operating record. In the event of a sub-standard record, I understand Risk Management Services, Inc., may notify the Conference Office. Otherwise, the information is kept confidential.

Signature _____
Date

RMS USE ONLY:

MVR ordered: _____ Number of accidents: _____
 Number of citations: _____ Notified R.M.: _____

Signature (Field Services Representative) Remarks

Member Registration Section

- Adventurer Club Membership Application
- Adventurer Club Code of Conduct
- Permission & Emergency Consent Form
- Health and Medical Record



For the young and younger!



Adventurer Club Membership Application

Adventurer Pledge

For Jesus' sake, I will always
try to do my best.



Adventurer Law

- Be obedient
- Be pure
- Be true
- Be kind
- Be respectful
- Be attentive
- Be helpful
- Be cheerful
- Be thoughtful
- Be reverent

I would like to join the _____ Adventurer Club.
I will attend club meetings, outings, and Share Your Faith activities. I agree to be guided by the rules of the club and the Pre-AY Pledge and Law.

Adventurer Signature: _____

Club dues: _____

Name: _____ Phone Number _____

Address: _____ City: _____ State: ____ Zip: _____

School: _____ AY Class: _____

Grade enrolled in: _____ Home Church: _____

I have been an Adventurer before: Yes _____ No _____ Where _____

My parents are Master Guides: Dad (Yes ____ No ____) Mom (Yes ____ No ____)

Approval by Parents or Guardians

The above applicant is _____ years of age at this time. We have read the Pledge and Law and are willing and desirous that the applicant becomes an Adventurer. We will assist the applicant in observing the rules of the Adventurer club. In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club or the Arkansas-Louisiana Conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Adventurer Club. As parents, we understand that the Adventurer club program is an active one for the applicant. It includes many opportunities for service, adventure and fun. We will cooperate by:

1. Learning how we can assist the applicant and his/her leaders.
2. Encouraging the applicant to take an active part in all club activities.
3. Attending events to which parents are invited.
4. Assisting club leaders and by serving as assistants when called upon.
5. By purchasing Adventurer Club insurance through the club.

We hereby certify that _____ was born on _____
(applicant's name) (month/day/year)

(signature of father or guardian)

(father's or guardian's occupation)

(signature of mother or guardian)

(mother's or guardian's occupation)

Date of application _____



ADVENTURER CLUB CODE OF CONDUCT

1. Adventurer will be on time to all club meetings and events.
2. Dress/Field uniform will be worn at all club activities as directed.
3. All Adventurers will participate in every activity and will maintain good conduct at all times.
4. Talking back to Staff or helpers will not be tolerated. Profanity will not be tolerated at any time.
5. Adventurers whose conduct presents a continual or special problem will be subject to suspension upon recommendation by the Staff.
6. No one will be dropped for not paying dues, but may not attend field trips, campouts, or other special events.
7. During club meetings or events, unit members should stay together and with their counselor or staff at all times. No one is to be off by himself/herself.
8. When called to formation, Adventurer will line up immediately and come to attention with his/her unit.

Agreed to by:

(Adventurer Signature)

(Parent Signature)

(Parent Signature)



ADVENTURER PERMISSION/EMERGENCY CONSENT FORM

Name: _____
 Birth Date: _____
 Social Security Number: _____
 Date of last Tetanus Booster: _____



Allergies to drugs or food:

Special medications or pertinent information:

List of restrictions:

Father's Home Phone: _____ Father's Work Phone: _____

Mother's Home Phone: _____ Mother's Work Phone: _____

Guardian's Home Phone: _____ Guardian's Work Phone: _____

Emergency Phone (friend or relative): _____

Family Physician Name: _____

Family Physician Address: _____

City: _____ State: _____ Zip: _____

Family Physician Phone: _____

Insurance Company: _____

Insurance Policy Number: _____

Authorization to Treat a Minor

I (we) the undersigned parent, parents or legal guardian of _____
(Name of Adventurer)

In case of emergency, I (we) hereby give permission to the physician selected by the club directors to hospitalize, secure proper treatment, and to order injections, anesthesia for my child.

As parent or legal guardian of the applicant, I am in favor of him/her attending club functions and accept the conditions named. The health history stated is correct as far as I know, and the person herein described has permission to engage in all prescribed club activities except as noted. In addition I have read and understand the Emergency Authorization statement and give my full consent to the terms found therein. Permission for photo copying of this health record is granted.

 (Date)

 (Parent/Guardian Signature)





Health and Medical Record

Name:

Last

First

Middle

Date Filled Out:

1. IDENTIFICATION

Name: _____ Age: ____ Birth Date: _____ Male: ___ Female: ___
 Address: _____ City: _____ State: ___ Zip: _____
 Social Security Number: _____ Home Phone: _____ Religion: _____

2. HEALTH HISTORY

Have you had: (Mark (Past) "P" or (Now) "N" or leave blank.)

- | | | |
|---|---|---|
| <input type="checkbox"/> P <input type="checkbox"/> N Asthma | <input type="checkbox"/> P <input type="checkbox"/> N Bedwetting | <input type="checkbox"/> P <input type="checkbox"/> N Epilepsy |
| <input type="checkbox"/> P <input type="checkbox"/> N Hay Fever | <input type="checkbox"/> P <input type="checkbox"/> N Kidney Disease | <input type="checkbox"/> P <input type="checkbox"/> N Rheumatic Fever |
| <input type="checkbox"/> P <input type="checkbox"/> N Sinus Trouble | <input type="checkbox"/> P <input type="checkbox"/> N Constipation | <input type="checkbox"/> P <input type="checkbox"/> N Heart Trouble |
| <input type="checkbox"/> P <input type="checkbox"/> N Earache/Infection | <input type="checkbox"/> P <input type="checkbox"/> N Frequent Diarrhea | <input type="checkbox"/> P <input type="checkbox"/> N Glasses |
| <input type="checkbox"/> P <input type="checkbox"/> N Ear Tubes | <input type="checkbox"/> P <input type="checkbox"/> N Severe Stomachaches | <input type="checkbox"/> P <input type="checkbox"/> N Contact Lenses |
| <input type="checkbox"/> P <input type="checkbox"/> N Fainting Spells | <input type="checkbox"/> P <input type="checkbox"/> N Diabetes | <input type="checkbox"/> P <input type="checkbox"/> N (For Women) |
| <input type="checkbox"/> P <input type="checkbox"/> N Tuberculosis | <input type="checkbox"/> P <input type="checkbox"/> N Sleep Walking | <i>Menstrual Problems</i> |

3. ALLERGIES OR ALLERGIC REACTIONS (Check if yes and tell what happened)

- Penicillin: _____
- Other Medication (list) _____
- Bee Sting _____
- Food _____
- Poison Oak, Poison Ivy _____
- Other: List _____

4. PLEASE LIST ALL SERIOUS ILLNESSES OR OPERATIONS

Operation or Illness	Date	Hospitalized? (yes/no)
_____	_____	_____
_____	_____	_____

5. PLEASE LIST ALL MEDICATIONS CURRENTLY BEING TAKEN

Medication	Number of Times in Day	Reason for Taking
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series	_____	Tuberculin Test	_____
Polio OOPV (Sabin)	_____	Mumps Vaccine (Live)	_____
Measles Vaccine (live)	_____	Chicken Pox	_____
German Measles (Rubella)	_____	Booster	_____
Tetanus Booster	_____	Booster	_____

- Does your child meet current state law for school attendance?
- Medical Exemption
- Religious Exemption

FORM CONTINUED ON NEXT PAGE



CONTINUATION OF HEALTH AND MEDICAL RECORD FORM



7. DIET

- Regular, Diabetic, Low Salt, Low fat/Cholesterol, Other - Special Instructions

8. PHYSICAL ACTIVITY

Any restriction of activity for medical reasons? Explain:
Any other type of health concerns which might be partners?

9. INFORM IN CASE OF ACCIDENT OR ILLNESS

Parent/Guardian/Spouse:
Home Address:
Work Address:
Home Phone:
Work Phone:

If not available in emergency notify:

Name: Address: Home Phone: Work Phone: OR Name: Address: Home Phone: Work Phone:

10. DOCTOR TO CONSULT IN CASE OF EMERGENCY

Name: Phone Number:
Address: City: State: Zip:

11. DO YOU HAVE

- Medical Insurance Number: Type Coverage:
Insurance Company Name:

Information above is correct to the best of my knowledge.

Signed: Dated:
(Parent or Guardian)

Guardian's AUTHORIZATION REQUIRED FOR THOSE UNDER 18 YEARS OF AGE

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the adult leader to hospitalize, secure proper anesthesia, or to order injection or surgery for my son (or daughter.) A photostat copy of this shall be as valid as the original.

Signed: Dated:
(Parent or Guardian)

Suggestions from Parents:

Blank lines for suggestions from parents.



Insurance Section

- Church Accident Claim Form



You can do it!



RISK MANAGEMENT SERVICES, INC.

CHURCH ACCIDENT PROGRAM CLAIM FORM

MAIL FORM TO: Arkansas-Louisiana Conference of SDA
 PO Box 31000
 Shreveport, LA 71130



Adventurers 2011 - 2012 Arkansas - Louisiana Conference

TO BE COMPLETED BY CHURCH ORGANIZATION PART I

Name of Conference: ARKANSAS - LOUISIANA CONFERENCE	
Name of Church/Camp & Address of Church/Camp:	
1. Covered Person's Last Name	First Name M.I. Date of Birth Sex Name of Parent or Guardian
2. Date of Accident/Sickness	Time of Accident/Sickness Covered Person's Address (Street, State, Zip Code)
3. Name of Injury/Sickness	
4. How and where did Accident/Sickness happen? If sickness claim, please give details.	

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">5. Did Accident/Sickness occur (check yes or no)</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> <tr> <td>a) Location:</td> <td></td> <td></td> </tr> <tr> <td> Church Function</td> <td></td> <td></td> </tr> <tr> <td> VBS</td> <td></td> <td></td> </tr> <tr> <td> Club Meeting</td> <td></td> <td></td> </tr> <tr> <td> Camping</td> <td></td> <td></td> </tr> <tr> <td> Other:</td> <td></td> <td></td> </tr> <tr> <td>b) While claimant was supervised</td> <td></td> <td></td> </tr> <tr> <td>c) During sponsored activity</td> <td></td> <td></td> </tr> <tr> <td>d) During programmed hours</td> <td></td> <td></td> </tr> <tr> <td>e) On activity premises</td> <td></td> <td></td> </tr> <tr> <td>f) While traveling to or from an activity in an authorized automobile</td> <td></td> <td></td> </tr> <tr> <td>g) In the course of your employment</td> <td></td> <td></td> </tr> </table>	5. Did Accident/Sickness occur (check yes or no)	Yes	No	a) Location:			Church Function			VBS			Club Meeting			Camping			Other:			b) While claimant was supervised			c) During sponsored activity			d) During programmed hours			e) On activity premises			f) While traveling to or from an activity in an authorized automobile			g) In the course of your employment			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Date of Accident/Sickness Reported</th> </tr> <tr> <td>Name of leader</td> <td colspan="2">Title of Leader</td> </tr> <tr> <td>Name of Witness</td> <td colspan="2">Daytime Phone</td> </tr> <tr> <td>Name of Witness</td> <td colspan="2">Daytime Phone</td> </tr> <tr> <td>Name of Witness</td> <td colspan="2">Daytime Phone</td> </tr> <tr> <td colspan="3">Type of Activity</td> </tr> <tr> <td>Time Activity Commenced:</td> <td>a.m.</td> <td>p.m.</td> </tr> <tr> <td>Time Activity Dismissed:</td> <td>a.m.</td> <td>p.m.</td> </tr> </table>	Date of Accident/Sickness Reported			Name of leader	Title of Leader		Name of Witness	Daytime Phone		Name of Witness	Daytime Phone		Name of Witness	Daytime Phone		Type of Activity			Time Activity Commenced:	a.m.	p.m.	Time Activity Dismissed:	a.m.	p.m.
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6. I hereby certify that the statements made above are correct to the best of my knowledge and belief and that the above claimant was covered hereunder at the time of the Accident/Sickness.

Signature
 Supervisory Official _____ Title _____ Date _____

ATTACH PHYSICIAN'S STATEMENT AND/OR ITEMIZED BILLING TO THIS FORM





CONTINUATION OF CHURCH ACCIDENT PROGRAM CLAIM FORM

TO BE COMPLETED BY CLAIMANT, PARENT OR GUARDIAN PART II

Adventurers 2011 - 2012 Arkansas - Louisiana Conference

7. Make check payable to:
Claimant/Parent/Guardian _____ Hospital _____
Insurance Group _____ Doctor(s) _____

8. Name and address of Doctor(s)

9. Name and address of Hospital

10. What other insurance and/or health care assistance do you have covering this loss?

List name(s) of provider involved:

- Examples: 1. Medical Insurance (Blue Cross & Blue Shield)
2. HMO - MD IPA, Kaiser Permanente
3. SDA Health Care Assistance
4. Medicare or Medicaid
5. Other

11. I am enclosing a copy of my company's payment of this claim.
I do not have (nor does my spouse have) any other plan providing medical expense/health care assistance

Name of Employer _____ Phone Number _____
Spouse's Employer _____ Phone Number _____

The CAP benefits are provided for covered expenses incurred within 1 year after the date of the accident. The first \$500 of covered expenses is paid regardless, of another Plan Providing Medical Expenses Benefits. Addition charges are payable when they are in EXCESS of another Plan Providing Medical Expenses Benefits to the applicable maximum. If you are not covered by another Plan Providing Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the \$5,000.00 limit

IMPORTANT: CLAIM FORM MUST BE SIGNED IN ITEM 12

12. I hereby certify that the injury or sickness occurred as stated and that all treatments listed above were due entirely to this claim; that the claim was not a result of a congenital, pre-disposing or pre-existing condition. I hereby authorize any physician or hospital who has treated the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.

Signature of Claimant, Parent or Guardian _____ Date of Signature _____
Address of Claimant, Parent or Guardian _____

IMPORTANT CLAIM FILING INSTRUCTIONS

- *** All covered accidental bodily injuries and sickness must be responded to the leader/director immediately.
*** It is the responsibility of the covered person to see that this report is mailed to Risk Management Services within ninety (90) days from date of accident.

ATTACH PHYSICIAN'S STATEMENT AND/OR ITEMIZED BILLING TO THIS FORM



Policies & Procedures Section

- PAC Constitution
- Area Coordinator's Job Description
- Pathfinder Camping Code



Arkansas-Louisiana Conference Pathfinder-Adventurer Council Constitution

Revised 9-2007



I. GUIDELINES AND PROCEDURES

- A. Arkansas-Louisiana Conference Pathfinder Adventurer Council (PAC)
- B. Constitution and existence of the Arkansas-Louisiana Conference Administration
- C. Conference Pathfinder/Adventurer Director and Associate:
 - 1. Serve as advisors to the PAC
 - 2. Vote to break tie
 - 3. Has veto power (Any major veto, should, where possible, be made at the time the proposal is voted. Reasons for major vetoes need to be clearly stated and understood by the PAC.
 - 4. Send all necessary Pathfinder and Adventurer materials and information to the PAC membership and related information to the ARKLA Conference Pathfinder and Adventurer Club Directors.
 - 5. Any unfinished business of the PAC or appointed committee six (6) weeks prior to the scheduled program can be immediately planned and activities by the ARKLA Conference Pathfinder/Adventurer Director or Associate, as he/she deems fit.

II. MEMBERSHIP

- A. Area Coordinator, two (2) Pathfinder representatives and one (1) Adventurer representative from each area along with one overall Hispanic representative will comprise membership. (Exception is no qualified person in that area.)
- B. Each member will serve for two (2) consecutive years.
- C. Requirements:
 - 1. Attending less than $\frac{3}{4}$ of duly called meetings can result in membership discipline by the council.
 - 2. Membership shall be limited to persons active in the ARKLA Pathfinder/Adventurer Program or Youth Ministry.
- D. Any PAC member shall be permitted to invite one (1) youth or guest to attend the PAC meeting as a non-voting observer.
- E. Election of the representatives:
 - 1. New representatives will be elected at the Pathfinder/Adventurer Leadership Seminar by their area constituency.
 - 2. Names of candidates shall be submitted to the area coordinators by any local Pathfinder or Adventurer staff member of any active club or by a council member and should include a brief resumé of the candidates.
- F. Vacancy Replacement:
 - 1. The PAC membership can fill vacancy on the PAC by a required two thirds (2/3) vote at any time necessary after a thorough investigation of the candidate by the Conference Pathfinder/Adventurer Director or his/her assistant. The elected replacement member will serve out the balance of the term of the office.

CONTINUED ON NEXT PAGE





Arkansas-Louisiana Conference Pathfinder-Adventurer Council Constitution

CONTINUED FROM PREVIOUS PAGE

III. OFFICERS

- A. The election of the PAC officers will take place at the first meeting of the Pathfinder/Adventurer calendar year.
The offices are: Chairperson
Vice-Chairperson
Secretary
- B. The PAC shall elect their own officers.
 - 1. The officers shall be chosen for a one-year term.
 - 2. Qualifications for office of chairperson is a minimum of one (1) year membership on the PAC; which must be prior to their election.
 - 3. Officers shall not hold more than two (2) consecutive terms in the same office.

IV. PATHFINDER ADVENTURER COUNCIL IN SESSION

- A. A quorum is a simple majority of the PAC membership.
- B. The chairperson and/or the Conference Pathfinder/Adventurer Director will notify each council member a minimum of one (1) month prior to the duly called PAC meeting. Emergency meetings can be called with the support of the PAC officers and the Conference Pathfinder/Adventurer Director.
- C. Conduct a minimum of three (3) of these PAC meetings per Pathfinder/Adventurer year.
- D. Responsibilities:
 - 1. Calendar scheduling for Arkansas-Louisiana Conference events and activities.
 - 2. Planning:
 - a. Pathfinder/Adventurer Leadership Convention
 - b. Camporees
 - c. Honor Festivals or Fairs
 - d. Any other major programs affecting Conference Club programming
 - 3. Review nominations and selecting Pathfinder Hall of Fame award recipients.

V. PATHFINDER AND ADVENTURER AREA COORDINATORS

- A. Area Coordinators are appointed by the Conference Pathfinder/Adventurer Director and ratified by the Pathfinder/Adventurer Council.
- B. Term of office is for a two (2) year period.
- C. Job Description: As outlined and voted by the PAC. However, an annual review by the PAC concerning their productivity and directorship is conducted by the PAC. See attached Appendix "A".
- D. Replacement: The PAC membership can discuss or replace an Area Coordinator by a required two-thirds (2/3) vote at any time necessary after a thorough investigation by the Conference pathfinder/Adventurer Director or his/her assistant.
- E. Serve as a voting member of the PAC.



Arkansas-Louisiana Area Coordinators Job Description

Adopted 9-2007



A. Responsibilities:

1. BASIC

The Arkansas-Louisiana Conference Pathfinder/Adventurer Director authorizes the Area Coordinator and associates to serve in the following capacities:

- a. Encourage each church in his/her area to select an Adventurer Director and begin a regular Adventurer program, and to assist them in doing so.
- b. Visit Clubs in his/her area enough to become familiar with their programs.
- c. Attend Adventurer Coordinator meetings and Pathfinder Adventurer Council meetings to assist in planning the Conference Adventurer Programs.
- d. Assist the Conference Pathfinder/Adventurer Director at training courses, investitures, fairs, and other conference or area functions.
- e. Assist in evaluating area Adventurer Clubs.
- f. Support and encourage AJY activities in the church schools in the area.

2. AS REQUIRED

- a. Assist local clubs with such activities as Pathfinder/Adventurer Day programs, inductions, investitures, and evaluations.
- b. Promote and direct area activities such as field trips, athletic events, leadership training courses and/or meetings.
- c. Promote participation in community activities, such as parades and fairs.
- d. Foster master Guide activities.

B. AREA COORDINATORS AND ASSOCIATE COORDINATORS

1. The Area Coordinator will be assisted in his/her duties by the Associate Coordinator of each district.
2. It is preferred, but not required, that the Associate Coordinators be active in a local Adventurer Club.
3. It is preferred, but not required, that Area Coordinators not be active in a local Adventurer Club.



Adventurer Camping Code

1. I will camp and travel only where it is allowed.
2. I will keep the wilderness clean at all times and leave the air cleaner than I found it.
3. I will only build fires where permitted and always prevent their use from marring the landscape.
4. I will never use my knife, ax or saw to mar or scar live trees and will only cut that which is absolutely necessary.
5. I will never pick wild flowers without permission or good reason.
6. I will never cut trails when hiking.
7. I will never pollute a lake or stream.
8. I will always respect the privacy of other wilderness users.
9. I will always be polite and courteous.
10. I will respect all signs, authority, rules and private property.
11. I will always conduct myself as a Pathfinder and a Christian.
12. I will always leave the wilderness area knowing I am welcome to return.

Adventurer Signature



Local Club Administrative Forms Section

- Individual Record Sheet
- Survey List For Talents
- Investiture Class Sheets



Investiture Class Sheets

(copy onto colored paper or card stock)

Eager Beaver - Yellow-Green

Busy Bee - Light Yellow

Sunbeam - Gold

Builder – Light Blue

Helping Hand – Lavender

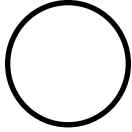


Eager Beaver

NAME _____

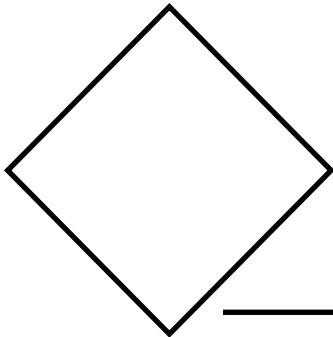
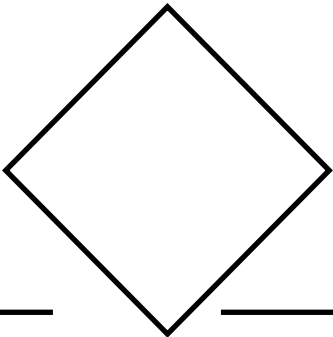
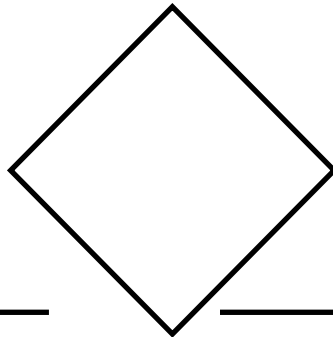
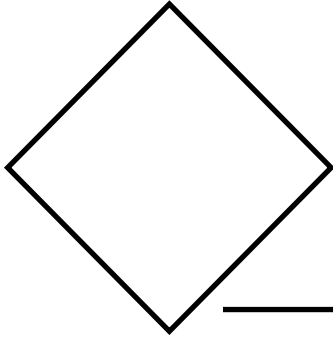
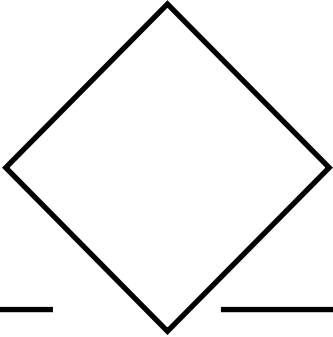
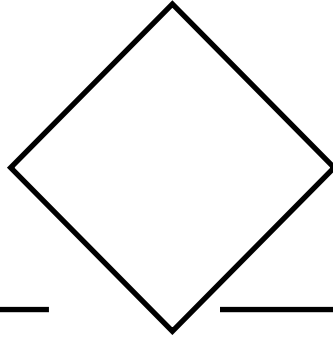
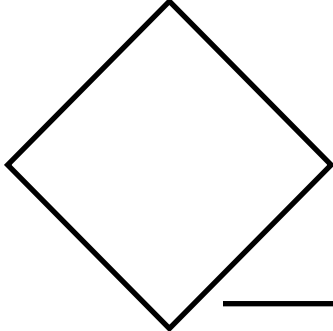
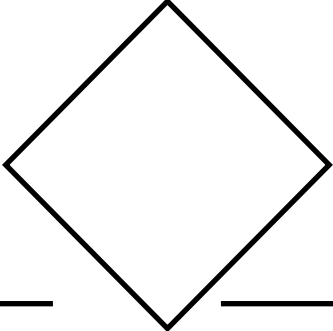
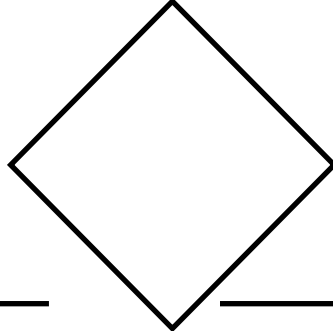


CLASS



READING CLASSES

_____	Primary
_____	Junior

		
_____	_____	_____
		
_____	_____	_____
		
_____	_____	_____

INSTRUCTIONS:
Staple the honor patch on the diamond and write the name of the honor beside each patch. If you have already passed out the patches to the young person during the year, but the honor has been earned in this last year, just write the name of the honor in the blank and the young person will be recognized for earning the honor.

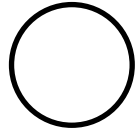


Busy Bee

NAME _____

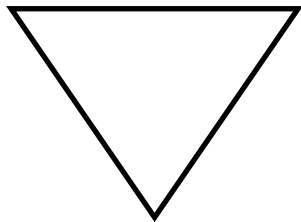


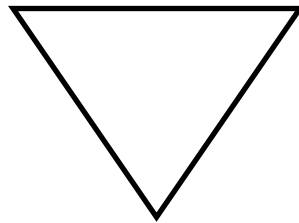
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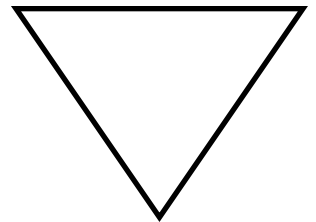


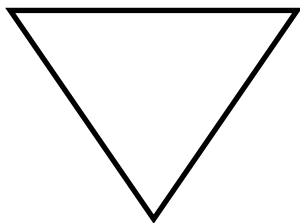
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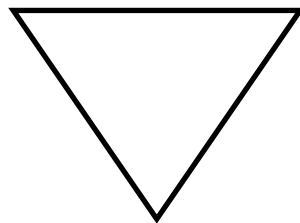
_____	Primary
_____	Junior

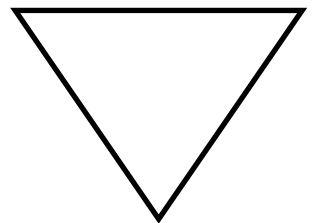


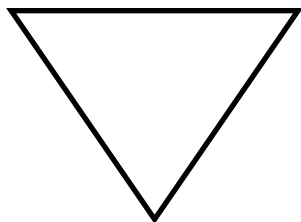


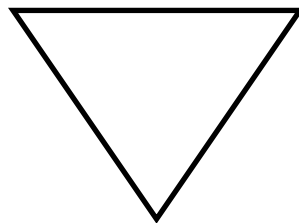


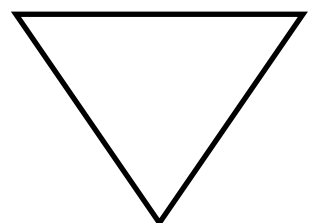












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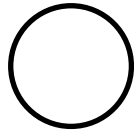


Sunbeam

NAME _____

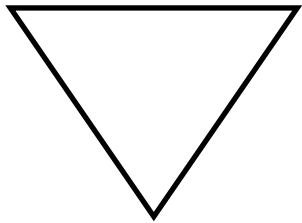


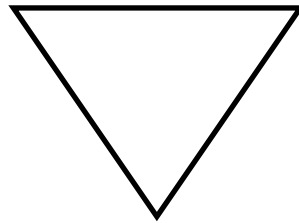
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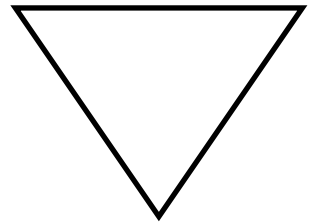


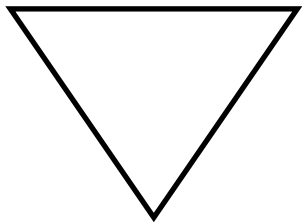
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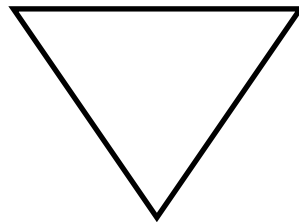
_____	Primary
_____	Junior

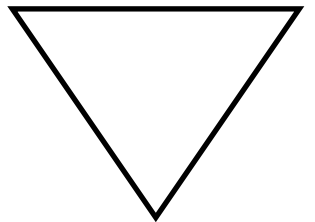


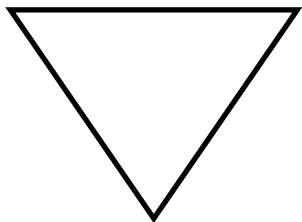


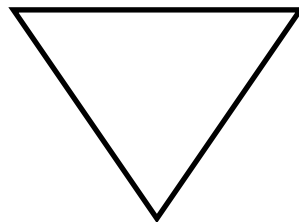


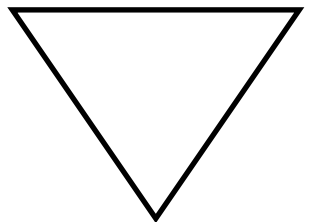












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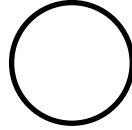


Builder

NAME _____

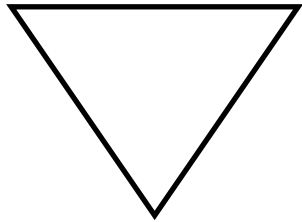


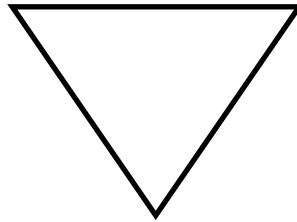
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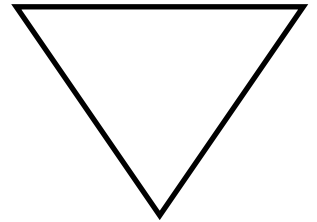


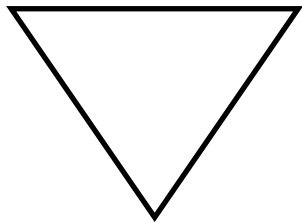
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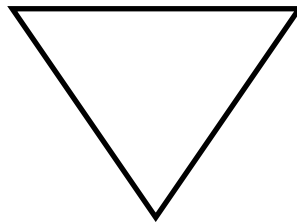
___ Primary
___ Junior

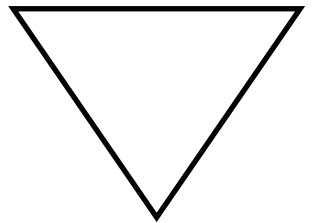


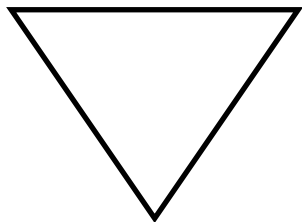


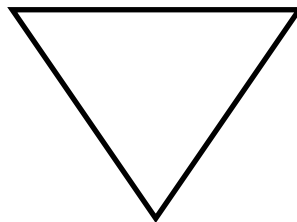


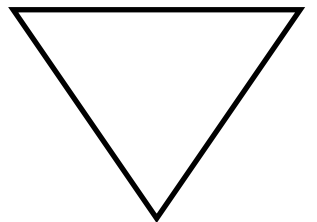












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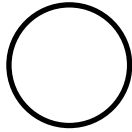


Helping Hand

NAME _____

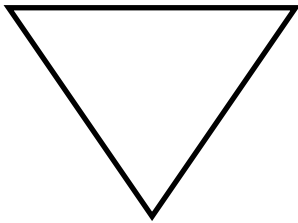


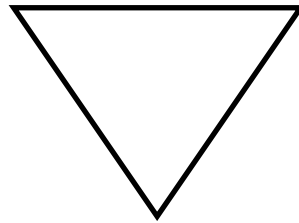
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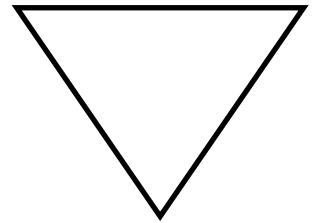


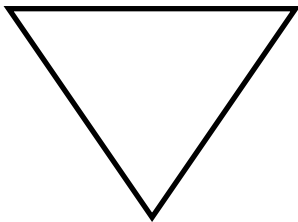
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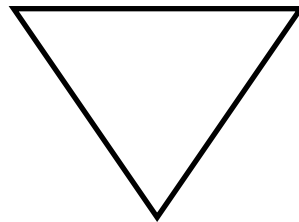
Primary
 Junior

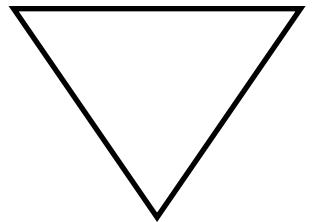


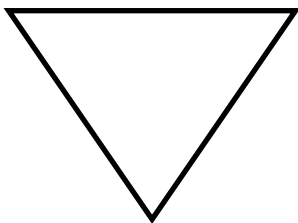


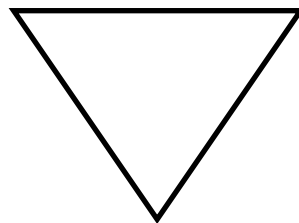


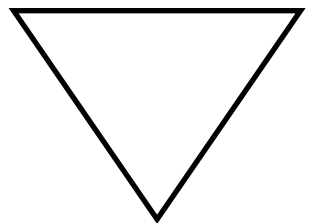










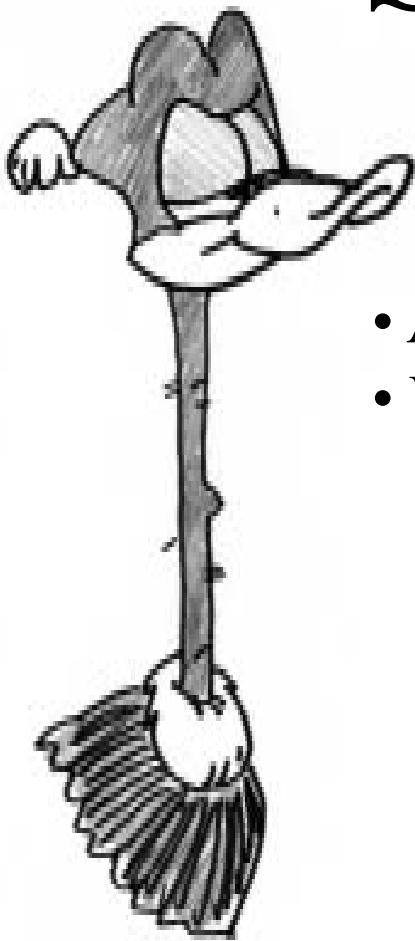


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Club Planning Forms Section



- Adventurer Year Planning Sheet
- Worship & Vespers Planning Sheet

Stick your neck out for kids



Adventurer Year Planning Sheet



For _____ Club

Month	Craft/Class	Project	Outing	Activity <small>(Conference Sponsored)</small>
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
July				
August				



Worship and Vespers Planning Sheet

Day _____ Date _____ From _____ To _____
 (Time) (Time) (Time) (Time)

Time	Item	Person in Charge	Page	Song/Hymn	Song Service

Sample Programs

- Sabbath School**

 - Song Service
 - Superintendent's remarks
 - Welcome
 - Scripture
 - Prayer
 - Special Music
 - Feature
 - Lesson Study
 - Closing Prayer
 - Children's Story
 - Sermon
 - Closing Song
 - Benediction

- Church**

 - Welcome
 - Introit
 - Doxology
 - Invocation
 - Opening Song
 - Offering
 - Scripture
 - Prayer
 - Special Music

- Vespers/Worship**

 - Song Service
 - Opening Prayer
 - Special Music
 - Feature
 - Closing Prayer



Ideas and Suggestions

Other Options For Program Activities			
Testimony	Bible Characters	Get-acquainted activities	Bible Quiz
Nature Nugget	Discussion Groups	Story	Nature Observation
Unnatural Nature Trail	Snow/Sand Sculpture	Nature Identification	Nature Quiz
Film/Discussion	Slide Program	Continued Story	Prayer Groups
Communion	Ordination of Humility	Bible Study	Mission Story
Get-well Letters			

Suggestions

1. Keep the Lord involved as you plan. Pray as you go.
 2. Personal experiences usually have more meaning to listeners.
 3. Don't preach – Share with your audience.
 4. The more you do together, the more you are a family.



Award Forms Section

(No points are awarded for these forms
on your Monthly Report Form)

- Good Conduct



“Good Conduct” Award Ribbon Record

Name _____ Age _____
Address _____
Member of what Club _____
Has completed what Adventurer class _____

The candidate for a “Good Conduct” Award Ribbon must have a completed Adventurer Class



During what dates has the Adventurer been showing conduct worthy of recognition?

_____ to _____

(Must have been an Adventurer for at least one year)

Adventurer has completed what Adventurer class requirements during this time: _____

Class now working on: _____

During period has completed requirement numbers shown _____

What Adventurer Awards have been completed? *(must have had at least two awards prior to the beginning of observation and earned at least one during this time.)*

What Missionary work has the Adventurer done?

Has the Adventurer attended Church and Sabbath School regularly during this time of observation? Yes No

Is the Adventurer in full, neat uniform during club functions? Yes No

“We, the undersigned, believe the Adventurer whose record appears is worthy of the recognition of a “Good Conduct” Award. We feel he/she has upheld the Adventurer Law and Pledge. He/She has conducted himself/herself with deportment and cooperation as a representative of the Seventh-day Adventist Youth. He/She had been regular and punctual at Club meetings. We are convinced from careful observation that at all times _____ will be worthy of the trust of the Adventurer Club ideals.”

Signatures

Pastor _____

Parent _____

Counselor _____

Club Director _____

(Make a copy for each Adventurer receiving the “Good Conduct” Award)



Adventurer Hall of Fame Nomination

Purpose:

This person, who can be either alive or deceased, will be publicly honored by the Arkansas-Louisiana Adventurer Department for their outstanding contribution to Adventurer Ministry. Their name will be placed on a special Hall of Fame plaque in the Arkansas-Louisiana Conference Office and they will receive recognition for their dedicated service in the Southwestern Union RECORD as well as being honored at the Arkansas-Louisiana Leadership Weekend in September.

Prerequisites for Nominee:

1. Must be an active committed SDA Christian.
2. Must love youth and love being around them.
3. Must have committed a major portion of their lives to Adventurers.
4. Must be a person who readily makes available his/her time, energy, and finances to benefit Adventurers.

How to Nominate Someone:

Send in their name with 5 supporting recommendation letters that must include 5 of the following categories of people:

- a. Adventurer
- b. Parent of Adventurer
- c. Pastor
- d. First Elder
- e. Teacher
- f. Sabbath School Leader
- g. School Board Chairperson
- h. Area Coordinator
- i. Adventurer Director

Person Nominated:

Name: _____

Address: _____

Home Church: _____

Include the 5 support letters of the nominated person:

Mail to: Adventurer Department
 ARKLA Conference of SDA
 PO Box 31000
 Shreveport, LA 71130

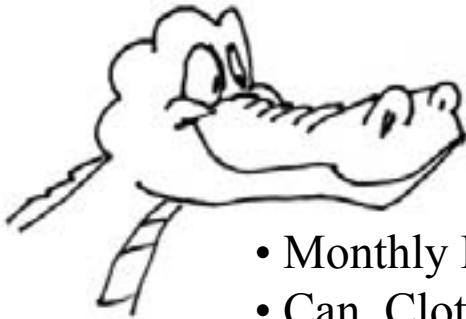
Your Name: _____

Your Phone Number: _____



Report Forms Section

**(These forms need to be submitted
with your Monthly Report Form for points)**



- Monthly Report Form
- Can, Clothing, Cash & Food Baskets Report
- Sample Food Collecting Letter
- Adventurer-of-the-Year Nomination Form
- Adventurer Sabbath Report
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- Fair/Festival Report Form
- Leadership Weekend Report Form



Monthly Reports

Go To:

www.arklayouthministries.org

Complete the reports on line.

If you have any questions contact

Lloyd Clapp, Director
Adventurers/Pathfinders
Arkansas Louisiana Conference



Fall Adventurer Can Collecting Activities earn points as follows:

1. Club Membership Participation _____
2. This report sent to our office _____
3. Total number of Cans Collected _____
4. Total pieces of Clothing Collected _____
5. Total amount of Cash Collected _____
6. Total number of Food Baskets prepared _____

Club Name _____

Name of person filling out this report _____

(Points will not be awarded for Can Collecting until this form is sent in)





Sample Sheet for Food Collecting (can be attached to bag)

Hi Neighbor:

The boys and girls from the _____ Adventurer Club invite you to contribute some of your canned foods to provide "Treats for the Needy."

The food gathered will be made into Thanksgiving or Christmas Boxes and distributed to deserving people.

If you wish to participate, place your bag of canned goods on your porch tomorrow evening, _____ between 6:00 and 8:00pm and please leave your porch light "on".

Date

The Adventurers will pick up your gift during this time.

Thank you very kindly!

Sincerely,

(Club Director)

Phone: _____

Seventh-day Adventist Church _____





Adventurer-of-the-Year Nomination

Name _____ Age _____

Club Member _____ Years, and has "Good Conduct" Ribbon

The above name has been selected as Adventurer-of-the-Year from our local Club, based on the following:

Time period extends from September 1, _____ to August 31, _____

Possible Given	Points	Points
1. Attendance Record Present and on time at least 80% of the meetings	1-5	_____
2. Uniform and Insignia Complete, neat and always worn when required	1-5	_____
3. Personal Appearance Clean, hair combed, shoes shined, etc.	1-5	_____
4. Conduct (home, school, church) Courteous, kind, obedient and an example to others	1-5	_____
5. Spiritual Studies Sabbath School lesson and attends church regularly, is reverent	1-5	_____
6. Participation (a) Local club functions, hikes, campouts, etc. (b) Fairs, camporees, etc.	1-5 1-5	_____ _____
7. Achievement (a) Invested during the year (important) (b) Adventurer awards earned completed within the year <i>(1 point each up to 5)</i>	1-5 1-5	_____ _____
8. Special For outstanding accomplishment during the year at school, church and community, etc. Give details on back or on another sheet. This is very important in helping the committee to make a decision.	1-5	_____
Total Possible Points	50	_____

Please use the back of this page for general overall statements regarding this Adventurer.
There may be special points of recognition not brought out on this sheet.

Club _____ Director _____

Date _____





RECORD Article Form And Conference Newsletter

Use this form to send in news to the Conference Office Youth Department at PO Box 31000, Shreveport, LA 71130. Your club will receive a maximum of 10 extra points from submitting articles. Original photos are welcomed. Please remember that your article will be submitted to the RECORD and they will not use news that is more than 2 months old by the time it reaches them.

Title _____

Club Name _____

Article:





Investiture Report Form

Club _____ Date _____

Names of Invested Members	Class
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

Special Notes:





Formal Inspection

CLUB MEETING PROGRAM

A. Attendance taken each meeting (2)	
B. Opening prayer (2)	
C. Adventurer song (2)	
D. Adventurer law and pledge (2)	
E. Closing prayer (2)	
F. Organized program (2)	
G. Starts and stops on time (2)	
Total of 14 points possible	

FORMATION

A. Stand at attention (2)	
B. Eye position (2)	
C. Unit alignment (2)	
Total of 6 points possible	

FLAGS

A. American flag correct (2)	
B. Adventurer flag correct (2)	
Total of 4 points possible	

UNIFORMS

A. Skirts (2)	
B. Blouses (2)	
C. Pants (2)	
D. Shoes (2)	
E. Socks (2)	
F. Insignias/Patches (2)	
G. Scarves (2)	
H. Sash (2)	
I. Neat and clean (2)	
Total of 18 points possible	

DRILL

A. Attention (2)	
B. Prayer attention (2)	
C. Right face (2)	
D. Present arms (2)	
E. Eye position (2)	
F. Parade rest (2)	

PERSONAL APPEARANCE

A. Face clean (2)	
B. Hands clean (2)	
C. Hair neat (2)	
D. Posture (2)	
Total of 8 points possible	

DISPLAYED ITEMS

A. Adventurer law and pledge (2)	
B. Club banner (2)	
Total of 4 points possible	

COURTESY

A. Staff respect adventurers (2)	
B. Courtesy to inspector (2)	
C. No talking at attention (2)	
D. Adventurer courtesy to staff (2)	
Total of 8 points possible	

DISCIPLINE

A. Counselor has control (2)	
B. Director has control (2)	
C. How discipline is handled (2)	
D. Quiet during worship (2)	
E. Obey orders promptly (2)	
Total of 10 points possible	

CRAFTS

A. Working together classwork (2)	
B. Orderly display of crafts (2)	
C. Supplies put away (2)	
D. Clean up work area (2)	
Total of 8 points possible	

G. About face (2)	
H. Left face (2)	
I. Order arms (2)	
J. Fall out/dismissed (2)	
Total of 20 points possible	

<input type="checkbox"/> First Inspection	There are 2 points possible for each item.
<input type="checkbox"/> Second Inspection	
<p>A total of 100 points are possible. TOTAL SCORE = _____</p> <p>★★★★ 100-95 points = 4 stars ★★★ 94-85 points = 3 stars ★★ 84-70 points = 2 stars ★ 69-0 points = 1 star</p>	
Club: _____	Director: _____
Date: _____	Inspector: _____





ADVENTURER FAIR/FESTIVAL REPORT FORM

CLUB NAME: _____
DATE: _____
LOCATION: _____

- MEMBERS THAT ATTENDED:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____
 15. _____

SPECIAL COMMENTS ABOUT FAIR/FESTIVAL:
