

# Arkansas Louisiana Conference Adventurer Club Registration Packet 2017 - 2018



**Arkansas - Louisiana Conference**





# INDEX

**Instructions to register your club**

**Sexual Conduct Statement**

## **CLUB REGISTRATION SECTION**

5. Adventurer Club Yearly Application Form
6. Certificate of Membership Form
7. Communications and E-Mailing List
8. Volunteer Service Information Form
10. Record of Church Contact with a Reference / Application for Youth Work
11. Driver's Questionnaire



# Instruction for Submitting Club Registration

1. Read and follow the Sexual Conduct Statement.
2. Fill out the Adventurer Club Yearly Application Form completely and obtain the church officer signatures.
3. Fill out the Certificate of Membership Form and name all the members including staff. Indicating whether the member is a regular member, teen or staff. A \$10.00 fee is to be submitted per member and staff.
4. Complete the Communications and E-Mailing List indicating the level of club you work in. You may copy the form if you want more staff to receive information from the conference.
5. Have each staff member completely fill out the Volunteer Service Information Form and give back to the director. If anyone refuses to complete the form or does not turn it back to the director, they shall not participate in the club.  
**Note:** Both sides of form need filled out.
6. Fill out the Record of Church Contact with a Reference /Application for Youth Work form. This form is used to document the references you checked out.
7. Each driver you may use for your club transportation needs is required to fill out the Driver's Questionnaire. All drivers must be 25 years of age or older and possess a good driving record.
8. When all the forms are complete, make copies and forward copies along with the Registration Fee (\$10.00 per member and staff) to:

Arkansas Louisiana Conference of SDA  
 Attn: Youth Ministries Dept.  
 PO Box 31000  
 Shreveport, LA 71130





## Sexual Conduct Statement:

**The Arkansas Louisiana Adventurer, Pathfinder and Master Guide programs, owned and operated by the Arkansas Louisiana Conference of Seventh-day Adventists. As such, any employee or volunteer staff of the Adventurer, Pathfinder or Master Guide programs are representing the Arkansas Louisiana Conference of Seventh-Day Adventists and is therefore expected to respect and practice the beliefs and convictions of the organization. Employees or volunteer staff engaging in inappropriate sexual activity or the promotion of any sexual behavior that is inconsistent with the Adventist belief and mission is ineligible for employment or participation as volunteer staff.**

# Adventurer Club Yearly Application

SPONSORING CHURCH NAME: \_\_\_\_\_

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 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-Mail Subscription

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.

- Little Lambs**
- Eager Beaver**
- Adventurer**



**SPONSORING CHURCH NAME:** \_\_\_\_\_

**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			
Sponsoring Church Name:		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**

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

(please print)



1. Name of Applicant:

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2. Reference or church contacted:

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Person contacted:

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Title of person contacted:

---

3. Date and time of contact:

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4. Name of person contacting the reference or church:

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

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

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Signature

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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





**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: clapplloyd@gmail.com

**Youth Director: Jeff Villegas**  
Phone # (318) 347-6240  
Fax #: (318) 631-7611  
Email: jvillegas@arklac.org

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

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

**Arkansas - Louisiana Conference  
Adventurer Ministries**

**Physical Address**  
7025 Greenwood Road  
Shreveport, Louisiana 71119

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

