

# Pathfinder Director's Packet 2011 - 2012



Arkansas - Louisiana Conference





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## Grades 5-10/Ages 10-16



### Conference Directed Events:

- **Bible Bowl** - Dates announced in Smoke Signals
- **Camporees** - Conference Camporees - announced in Smoke Signals  
- Union Camporees - announced in Smoke Signals
- **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 a Pathfinder 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

#### Pathfinder Ministries

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

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



# Club Registration Section

- Pathfinder 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!*



# Pathfinder Club Yearly Application

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

**PASTOR:** \_\_\_\_\_

**ELECTED CLUB DIRECTOR:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **WORK PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### The Philosophy of Pathfinding

The purpose of having a Pathfinder 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 Pathfinder leaders are Christians, working hand in hand with parents, teachers, and pastors to provide optimum opportunities for Christian development. The Pathfinder 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 5-10 (age 10-15) who have a desire for group activities ranging from community to world mission projects. Nature, outdoor and camping activities, AY/Pathfinding class curriculum and AY Honors are a part of the total experience. Above all, Pathfinding gives youth an environment in which to actively expand their personal experience with Christ.

### Your Commitment to Pathfinding

We, the undersigned, have read, understand, and are in full agreement with the above Philosophy of Pathfinding 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 Pathfinder Club Charter Application is sent to every church in the conference by the Conference Pathfinder Department. The purpose is to allow the church leadership to purposefully request to the conference that they are interested in sponsoring a Pathfinder Club. This application form is also available from AdventSource, 5040 Prescott Avenue, Lincoln, NE 68506





**Due October 5th**

# Communications Mailing and 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 CONDUCT**

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 : \_\_\_\_\_ State: \_\_\_\_\_ 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**

# **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**



## Pathfinder 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? \_\_\_\_\_

Pathfinder 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

- Pathfinder Club Membership Application
- Permission & Emergency Consent Form
- Health and Medical Record



For the young and younger!



# Pathfinder Club Membership Application

## Pathfinder Pledge

By the Grace of God,  
 I will be pure, kind and true  
 I will keep the Pathfinder Law  
 I will be a servant of God  
 And a friend of man.



## Pathfinder Law

1. Keep the Morning Watch.
2. Do my honest part.
3. Care for my body.
4. Keep a level eye.
5. Be courteous and obedient.
6. Walk softly in the sanctuary.
7. Keep a song in my heart.
8. Go on God's errands.

I would like to join the \_\_\_\_\_ Pathfinder Club.  
 I am 10 years of age or older and in the 5<sup>th</sup> grade or above. I will attend club meetings, hikes, camping and field trips, missionary adventures and other club activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Pathfinder Signature: \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ Club dues \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ AY Class \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Church \_\_\_\_\_

Baptized? \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

My father is a Master Guide. Yes/No \_\_\_\_\_ My father has been a Pathfinder. Yes/No \_\_\_\_\_

My mother is a Master Guide. Yes/No \_\_\_\_\_ My mother has been a Pathfinder. Yes/No \_\_\_\_\_

### Approval by Parents or Guardians

We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant becomes a Pathfinder. We will assist the applicant in observing the rules of the Pathfinder organization. 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 Pathfinder Club.

As parents, we understand that the Pathfinder Club program is an active one for the applicant. It includes many opportunities for service, adventure and fun. We will cooperate:

1. By learning how we can assist the applicant and club leadership
2. By encouraging the applicant to take an active part in all club activities
3. By attending events to which parents are invited
4. By purchasing Pathfinder insurance through the club treasurer

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 \_\_\_\_\_



# PATHFINDER 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 Pathfinder)

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 <i>(For Women)</i>        |
| <input type="checkbox"/> P <input type="checkbox"/> N Tuberculosis      | <input type="checkbox"/> P <input type="checkbox"/> N Sleep Walking       | <input type="checkbox"/> P <input type="checkbox"/> N <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



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:
Which? 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:

# 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

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 with 5 main rows and multiple columns for accident details, including location, supervision, and witness information.

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

FORM CONTINUED ON NEXT PAGE



Pathfinders 2011 - 2012 Arkansas - Louisiana Conference

CONTINUATION OF CHURCH ACCIDENT PROGRAM CLAIM FORM

TO BE COMPLETED BY CLAIMANT, PARENT OR GUARDIAN PART II

Pathfinders 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 (1) 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 Pathfinder Director and begin a regular pathfinder program, and to assist them in doing so.
- b. Visit Clubs in his/her area enough to become familiar with their programs.
- c. Attend Pathfinder Coordinator meetings and Pathfinder Adventurer Council meetings to assist in planning the Conference Pathfinder Programs.
- d. Assist the Conference Pathfinder/Adventurer Director at training courses, investitures, fairs, and other conference or area functions.
- e. Assist in evaluating area Pathfinder 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 Pathfinder Club.
3. It is preferred, but not required, that Area Coordinators not be active in a local Pathfinder Club.



# Pathfinder 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.

---

## Pathfinder Signature



# Local Club Administrative Forms Section

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









# Investiture Class Sheets

(copy onto colored paper or card stock)

**Friend - Blue**

**Companion - Red**

**Explorer - Green**

**Ranger – White or Grey**

**Voyager – Maroon or Dark Red**

**Guide - Yellow**

**Master Guide – Gold or Dark Yellow**

**Honors Only (no class name) - Beige**



# Friend

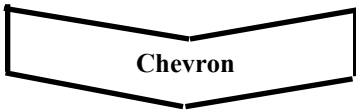
NAME \_\_\_\_\_

CLASS

Staple strip or write name of class completed

READING CLASSES

<input type="checkbox"/> Primary	<input type="checkbox"/> Explorer
<input type="checkbox"/> Junior	<input type="checkbox"/> Ranger
<input type="checkbox"/> Friend	<input type="checkbox"/> Voyager
<input type="checkbox"/> Companion	<input type="checkbox"/> Guide



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

**INSTRUCTIONS:**  
 Staple the honor patch on the oval and write the name of the honor on the blank provided. 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.



# Companion

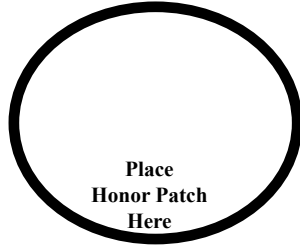
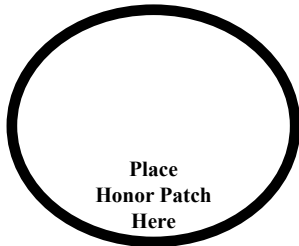
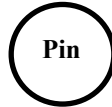
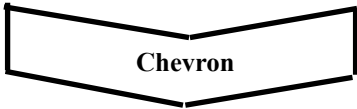
NAME \_\_\_\_\_

CLASS

Staple strip or write name of class completed

READING CLASSES

___ Primary	___ Explorer
___ Junior	___ Ranger
___ Friend	___ Voyager
___ Companion	___ Guide



**INSTRUCTIONS:**  
 Staple the honor patch on the oval and write the name of the honor on the blank provided. 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.



# Explorer

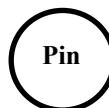
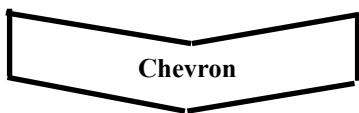
NAME \_\_\_\_\_

CLASS

Staple strip or write name of class completed

READING CLASSES

___ Primary	___ Explorer
___ Junior	___ Ranger
___ Friend	___ Voyager
___ Companion	___ Guide



\_\_\_\_\_



\_\_\_\_\_



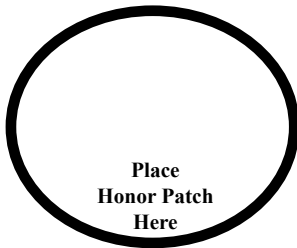
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\_\_\_\_\_

**INSTRUCTIONS:**

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# Ranger

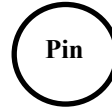
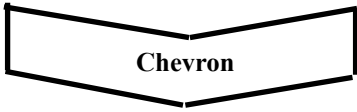
NAME \_\_\_\_\_

CLASS

Staple strip or write name of class completed

READING CLASSES

___ Primary	___ Explorer
___ Junior	___ Ranger
___ Friend	___ Voyager
___ Companion	___ Guide



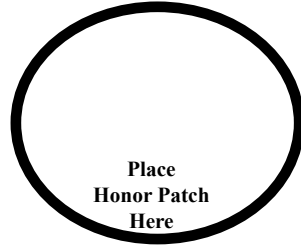
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\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

**INSTRUCTIONS:**  
 Staple the honor patch on the oval and write the name of the honor on the blank provided. 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.



# Voyager

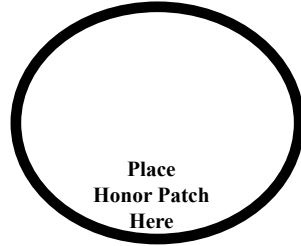
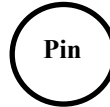
NAME \_\_\_\_\_

CLASS

Staple strip or write name of class completed

READING CLASSES

<input type="checkbox"/> Primary	<input type="checkbox"/> Explorer
<input type="checkbox"/> Junior	<input type="checkbox"/> Ranger
<input type="checkbox"/> Friend	<input type="checkbox"/> Voyager
<input type="checkbox"/> Companion	<input type="checkbox"/> Guide



**INSTRUCTIONS:**

Staple the honor patch on the oval and write the name of the honor on the blank provided. 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.



# Guide

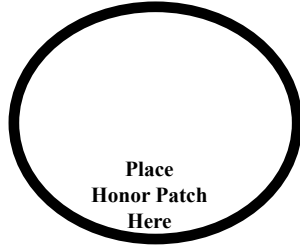
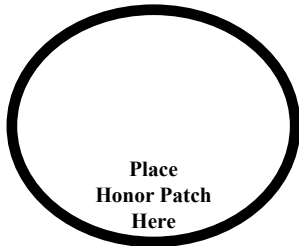
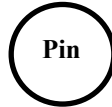
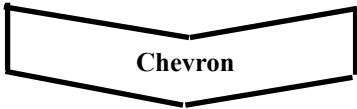
NAME \_\_\_\_\_

CLASS

Staple strip or write name of class completed

READING CLASSES

___ Primary	___ Explorer
___ Junior	___ Ranger
___ Friend	___ Voyager
___ Companion	___ Guide



**INSTRUCTIONS:**  
 Staple the honor patch on the oval and write the name of the honor on the blank provided. 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.



# Master Guide

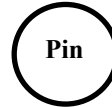
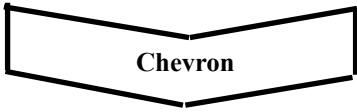
NAME \_\_\_\_\_

CLASS

Staple strip or write name of class completed

READING CLASSES

<input type="checkbox"/> Primary	<input type="checkbox"/> Explorer
<input type="checkbox"/> Junior	<input type="checkbox"/> Ranger
<input type="checkbox"/> Friend	<input type="checkbox"/> Voyager
<input type="checkbox"/> Companion	<input type="checkbox"/> Guide



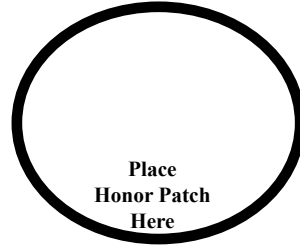
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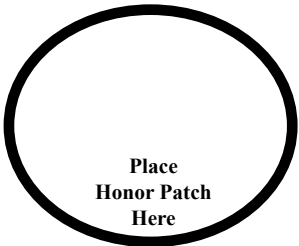
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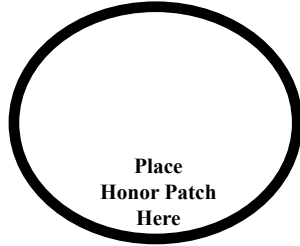
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\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

**INSTRUCTIONS:**

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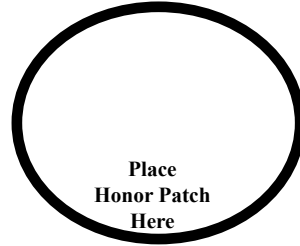
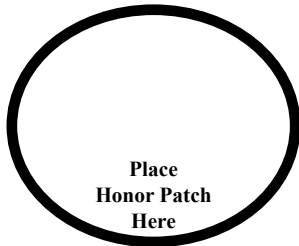
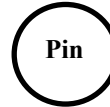
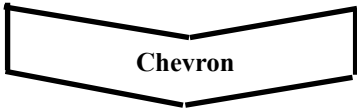
NAME

CLASS

Staple strip or write name of class completed

READING CLASSES

<input type="checkbox"/> Primary	<input type="checkbox"/> Explorer
<input type="checkbox"/> Junior	<input type="checkbox"/> Ranger
<input type="checkbox"/> Friend	<input type="checkbox"/> Voyager
<input type="checkbox"/> Companion	<input type="checkbox"/> Guide

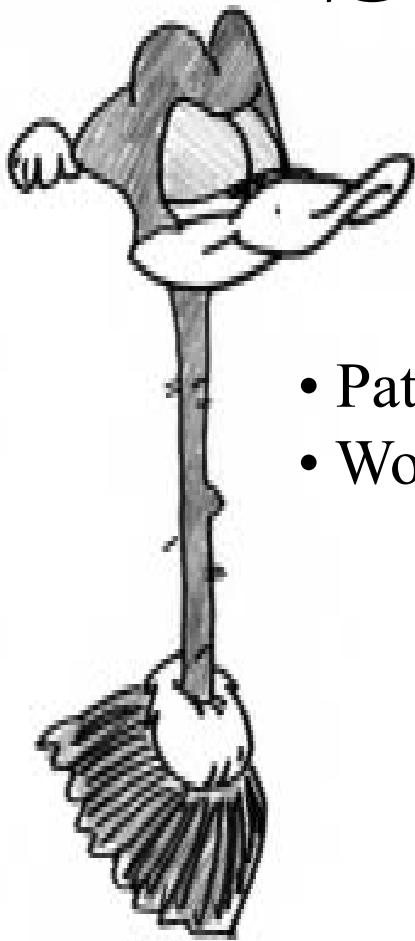


**INSTRUCTIONS:**

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# Club Planning Forms Section



- Pathfinder Year Planning Sheet
- Worship & Vespers Planning Sheet

*Stick your neck out for kids*



# Pathfinder 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	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
- Pathfinder Hall Of Fame



# “Good Conduct” Award Ribbon Record

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



*The candidate for a “Good Conduct” Award Ribbon must have completed the Friend Class*

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

\_\_\_\_\_ to \_\_\_\_\_

*(Must have been a pathfinder for at least one year)*

Pathfinder has completed what AY class requirements during this time:

\_\_\_\_\_

Class now working on: \_\_\_\_\_

During period has completed requirement numbers shown

\_\_\_\_\_

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

\_\_\_\_\_

What Missionary work has the Pathfinder done?

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

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

“We, the undersigned, believe the pathfinder whose record appears is worthy of the recognition of a “Good Conduct” Award. We feel he/she has upheld the pathfinder 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 Pathfinder Club ideals.”

**Signatures**

Pastor \_\_\_\_\_

Parent \_\_\_\_\_

Counselor \_\_\_\_\_

Club Director \_\_\_\_\_



# Pathfinder Hall of Fame Nomination

## **Purpose:**

This person, who can be either alive or deceased, will be publicly honored by the Arkansas-Louisiana Pathfinder Department for their outstanding contribution to Pathfinder 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 Pathfinders.
4. Must be a person who readily makes available his/her time, energy, and finances to benefit Pathfinders.

## **How to Nominate Someone:**

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

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

## **Person Nominated:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Church: \_\_\_\_\_

**Include the 5 support letters of the nominated person:**

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

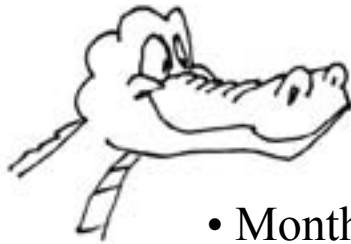
Your Name: \_\_\_\_\_

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
- Pathfinder Of The Year Nomination Form
- Pathfinder Sabbath Report
- Induction Report
- RECORD Article Report
- Investiture Report
- Share Your Faith & Outing Attendance Report
- Formal Inspection Form
- Camporee Report Form
- Parade Report Form
- Fair/Festival Report Form
- Leadership Weekend Report Form



# Monthly Reports

Go To:

[www.arklayouthministries.org](http://www.arklayouthministries.org)

Complete the reports on line.

If you have any questions contact

Lloyd Clapp, Director  
Adventurers/Pathfinders  
Arkansas Louisiana Conference



# Fall Pathfinder 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 \_\_\_\_\_ Pathfinder 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 Pathfinders will pick up your gift during this time.

Thank you very kindly!

Sincerely,

\_\_\_\_\_  
(Club Director)

Phone: \_\_\_\_\_

Seventh-day Adventist Church \_\_\_\_\_





# Pathfinder-of-the-Year Nomination

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Club Member \_\_\_\_\_ Years, and has "Good Conduct" Ribbon

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

Time period extends from September 1, \_\_\_\_\_ to August 31, \_\_\_\_\_

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

Please use the back of this page for general overall statements regarding this Pathfinder.  
 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:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_





# Formal Inspection



**1. CLUB MEETING PROGRAM**

- A. Opening Prayer (2)
- B. Flag Ceremony (2)
- C. Attendance taken each Meeting(2)
- D. Weekly Organized Program (2)
- E. AJY Law and Pledge (recited) (2)
- F. Closing Prayer (2)

**Points possible 12** **Points received**

**2. FORMATION**

- A. Standing at Attention (2)
- B. Captain/Scribe Proper Position (2)
- C. Eye Position (2)
- D. Unit Alignment (2)
- E. Open/Close Ranks/Inspection (2)

**Points possible 10** **Points received**

**3. FLAGS**

- A. American Flag/correct position(2)
- B. AJY Flag/correct position (2)

**Points possible 4** **Points received**

**4. UNIFORMS**

- A. Shirts (2)
- B. Blouses (2)
- C. Pants/Skirts (2)
- D. Belts and Buckles (2)
- E. Black/Brown Shoes (uniform/club) (2)
- F. Socks/Stockings (2)
- G. Insignias/Patches (2)
- H. Neckerchiefs (Pathfinders) (2)
- I. Sash (2)
- J. Over all Uniform neat and clean (2)

**Points possible 20** **Points received**

**5. PERSONAL APPEARANCE**

- A. Face clean (2)
- B. Hands clean (2)
- C. Hair neat (2)
- D. Posture (2)

**Points possible 8** **Points received**

**6. DISPLAYED ITEMS**

- A. Proper Display of Unit Guidons (2)
- B. AJY Law and Pledge Banner (2)
- C. Club Banner (2)

**Points possible 6** **Points received**

**7. COURTESY**

- A. Staffs' respect to Pathfinders (2)
- B. Proper courtesy to Inspector (2)
- C. Quiet while at Attention (2)
- D. Pathfinders' courtesy to Staff (2)

**Points possible 8** **Points received**

**8. DISCIPLINE**

- A. Counselor has Control of Unit (2)
- B. Director has Control of Club (2)
- C. How Discipline is Handled (2)
- D. All Quiet during Worship (2)
- E. Pathfinders Obey Promptly (2)

**Points possible 10** **Points received**

**9. DRILL** (each movement = Half a point)

- A. Attention (.5) Parade Rest (.5)
- B. Prayer Attention (.5) About Face (.5)
- C. Right Face (.5) Left Face (.5)
- D. Dress R't Dr'ss (.5) Ready Front (.5)
- E. Open Ranks (.5) Close Ranks (.5)
- F. Present Arms (.5) Order Arms (.5)
- G. Forward March (.5) Rear March (.5)
- H. Right Flank (.5) Left Flank (.5)
- I. Column Right (.5) Column Left (.5)
- J. Halt (.5) Fall Out (.5)
- K. Unit Alignment while Marching (1)
- L. Eye Position (1)
- M. Keeping in Step (1)
- N. Marks time (1)

**Points possible 14** **Points received**

**10. HONORS OR ACTIVITIES**

- A. Everyone Working (2)
- B. Orderly Display (2)
- C. Tools/Supplies Put Away (2)
- D. Pathfinders Clean up the Work Area (2)

**Points possible 8** **Points received**

**NOTE:** There are 2 points possible for each item, except drill were some are half a point.

**A total of 100 points are possible. TOTAL SCORE = \_\_\_\_\_**

**100-95 Points = Excellent 94-85 Points = Good 84-70 Points = Fair 69-00 Points = Needs Improvement**

**Club:** \_\_\_\_\_ **Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Inspector:** \_\_\_\_\_



# Formal Inspection, Cont.



**1. CLUB MEETING PROGRAM**

- A. Opening Prayer (2)
- B. Flag Ceremony (2)
- C. Attendance taken each Meeting(2)
- D. Weekly Organized Program (2)
- E. AJY Law and Pledge (recited) (2)
- F. Closing Prayer (2)

**Points possible 12** **Points received**

**2. FORMATION**

- A. Standing at Attention (2)
- B. Captain/Scribe Proper Position (2)
- C. Eye Position (2)
- D. Unit Alignment (2)
- E. Open/Close Ranks/Inspection (2)

**Points possible 10** **Points received**

**3. FLAGS**

- A. American Flag/correct position(2)
- B. AJY Flag/correct position (2)

**Points possible 4** **Points received**

**4. UNIFORMS**

- A. Shirts (2)
- B. Blouses (2)
- C. Pants/Skirts (2)
- D. Belts and Buckles (2)
- E. Black/Brown Shoes (uniform/club) (2)
- F. Socks/Stockings (2)
- G. Insignias/Patches (2)
- H. Neckerchiefs (Pathfinders) (2)
- I. Sash (2)
- J. Over all Uniform neat and clean (2)

**Points possible 20** **Points received**

**5. PERSONAL APPEARANCE**

- A. Face clean (2)
- B. Hands clean (2)
- C. Hair neat (2)
- D. Posture (2)

**Points possible 8** **Points received**

**6. DISPLAYED ITEMS**

- A. Proper Display of Unit Guidons (2)
- B. AJY Law and Pledge Banner (2)
- C. Club Banner (2)

**Points possible 6** **Points received**

**7. COURTESY**

- A. Staffs' respect to Pathfinders (2)
- B. Proper courtesy to Inspector (2)
- C. Quiet while at Attention (2)
- D. Pathfinders' courtesy to Staff (2)

**Points possible 8** **Points received**

**8. DISCIPLINE**

- A. Counselor has Control of Unit (2)
- B. Director has Control of Club (2)
- C. How Discipline is Handled (2)
- D. All Quiet during Worship (2)
- E. Pathfinders Obey Promptly (2)

**Points possible 10** **Points received**

**9. DRILL** (each movement = Half a point)

- A. Attention (.5) Parade Rest (.5)
- B. Prayer Attention (.5) About Face (.5)
- C. Right Face (.5) Left Face (.5)
- D. Dress R't Dr'ss (.5) Ready Front (.5)
- E. Open Ranks (.5) Close Ranks (.5)
- F. Present Arms (.5) Order Arms (.5)
- G. Forward March (.5) Rear March (.5)
- H. Right Flank (.5) Left Flank (.5)
- I. Column Right (.5) Column Left (.5)
- J. Halt (.5) Fall Out (.5)
- K. Unit Alignment while Marching (1)
- L. Eye Position (1)
- M. Keeping in Step (1)
- N. Marks time (1)

**Points possible 14** **Points received**

**10. HONORS OR ACTIVITIES**

- A. Everyone Working (2)
- B. Orderly Display (2)
- C. Tools/Supplies Put Away (2)
- D. Pathfinders Clean up the Work Area (2)

**Points possible 8** **Points received**

NOTE: There are 2 points possible for each item, except drill were some are half a point.

A total of 100 points are possible. TOTAL SCORE = \_\_\_\_\_

100-95 Points = Excellent 94-85 Points = Good 84-70 Points = Fair 69-00 Points = Needs Improvement

Club: \_\_\_\_\_ Director: \_\_\_\_\_

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

# CAMPOREE REPORT FORM

**NAME OF CAMPOREE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CLUB NAME:** \_\_\_\_\_

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



**SPECIAL COMMENTS ABOUT CAMPOREE:**

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