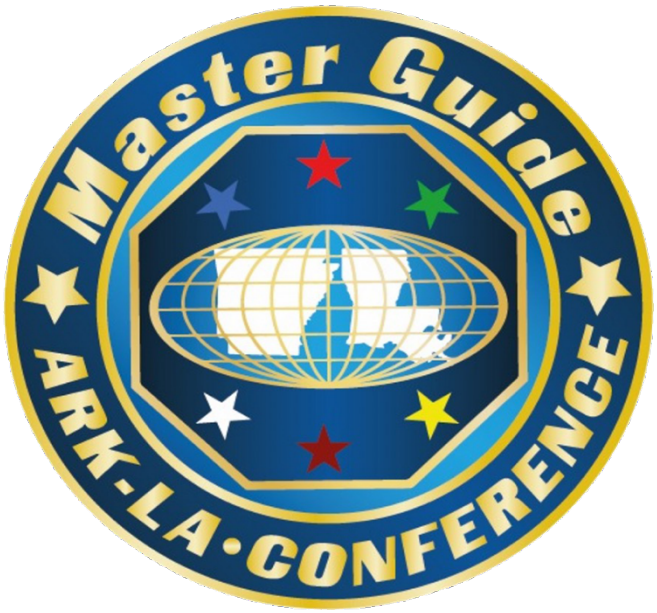


ARKLA CONFERENCE

MASTER GUIDE

Director's Manual

2025-2026

Table of Contents

WELCOME

Welcome, dear leaders, to the ARKLAC Master Guides Ministry. We are honored to share with you the new plans for this year. Our theme for 2025-2026 is:
PERSONAL IDENTITY/WORTH.

Let's remember that you are not what the world says. You are what God has already spoken of from the beginning of creation. The Lord says in His Word, "Before I formed you in the womb I knew you, and before you were born I sanctified you,..." Jeremiah 1:5.

New things for this 2025-2026:
1) Our first GM Camporee at the division level will be in West Virginia.
2) Leadership training at Camp Yorktown Bay during the second week of September.
3) Master Guides University training by state.
4) Arkla Conference Camporee of Master Guide will be April 2-5, 2026, at Camp Yorktown Bay (CYB)
5) God is in control!

It is a pleasure to work with you in this ministry, and I pray that God will fill you with wisdom and provide opportunities for you to know Him better. Blessings,

Brenda C. Perez
Master Guide Director,
SDA ArkLa Conference
Ph.: (501)617-7816
arklamasterguides@gmail.com
www.arklayouth.com/masterguides

ARKLA
YOUTH & YOUNG ADULTS

DIRECTOR OF THE MASTER GUIDE CLUB

The director must be a Master Guide (MG) and a baptized member in good standing of the Seventh-day Adventist Church. If the director is not a Master Guide but their interests and skills qualify them for this ministry (according to the criteria of the local church nominating committee), they may hold this position while completing their MG requirements. The success and morale of any club largely depend on the leadership of the club manager, who should serve as an example of authenticity in their relationship with God, fellowship, a healthy lifestyle, honesty, and self-control. The club director must have a sincere interest in young people and be able to empathetically understand their problems. Their lives should demonstrate what God can do in the lives of young people. They must be resourceful and enthusiastic, responsible, eager to recognize new ideas, and proactive in their implementation. They should work well with staff and assist with any issues that arise. Although Adventurer and Pathfinder leaders are also referred to as directors, the Master Guides Club director has a distinct responsibility—not only to their peers within the Master Guides Club (MGC), but also to provide vital support and mentor

ship for the Adventurer and Pathfinder clubs.

The functions of the director are as follows:

1. You should coordinate with the church pastor, youth pastor, sponsoring elder, Pathfinder Club director, and Adventurer's Club director, inviting them to participate in programs and events.
2. Stay in contact with the MG director at the conference office and submit reports as needed.
3. Serve as the president of your own club's executive committee.
4. Chair the club staff meetings unless you have designated your deputy director to lead.
5. Supervise club activities; they must convene, organize, and plan each club meeting.
6. Lead the planning of the overall program for the year and develop a calendar of events, which will be distributed to all MGC staff and members.
7. Be responsible for the executive committee that will provide an overall program for the club through the following activities:

A. Place and time for the meeting
B. Projects, excursions
C. Camping/ outdoor activities
D. Financial budget, fees,etc
E. Induction, Investiture & Ceremonies
F. Bulletins, information forms
G. Discipline

8. Be responsible for planning regular club meetings and staff meetings, and ensure that the various committees and individuals are responsible for ensuring their execution. These activities include:

a. Adoration
b. Recreation
c. Classwork/Honors/Creative Skills
d. Organization of instructors and their duties

WHAT'S NEW IN 2025/2026

1) God has big plans for His Youth!

2) Leadership Training at Camp Yorktown Bay during the second week of September.*

3) Master Guide University Training by State.*

4) Arkla Camporee of GMs in April.*

All Volunteers 18+ years of age who work with Pathfinder Adventurers, Master Guides, or Sabbath School Ministries, Children's Ministries, Festivals, etc. You MUST complete a children's training course and background check.

http://www.ncsrisk.org/adventist/

*See calendar p. 6

ARKANSAS LOUISIANA MASTER GUIDES
CALENDAR 2025-2026

July	Recruiting Month
August	Club starts
August 5-10	1st NAD MG Camporee
August 6	Master Guide Day *
August 30th	Last Day of Registration
Sep/Octubre	Induction Month
September 12-14	Innovate Senior Staff weekend
Sep 14-20	Week of the Scarf
November 14-3 15	Master Guide University Arkansas
November 27th	Happy Thanksgiving
December 25th	Merry Christmas
January 16-17	Master Guide University Louisiana
February 15th	Expertice Day by Area
April 2-5	IV Arkla Conference Master Guide Camporee
May	Investiture Month
July	Recruiting Month
July 10-11	Master Guide Inspired I Workshop
August	Club starts
August 6	Master Guide Day*

* It may change because NAD is seeking to establish a Sabbath as the official Master Guide Day.

ARKANSAS- LOUISIANA CONFERENCE OF SDA

Department of Youth and

Master Guide Ministry

Conference Director of Master Guides: Brenda C. Perez

Phone #: 501-617-7816

Email: arklamasterguides@gmail.com

Conference Youth Director: Pr. David Craig

Phone # (318) 631-6240 Fax # (318) 631-7611

Email: dcraig@arklac.org

Secretary: Juliana Mercado

Phone #: (318) 631-6240 ext 115 Fax #: (318) 631-7611

Email: jmercado@arklac.org

Conference Adventist Risk Management Representative (Dep. Tesorero): Rodney Dykes

Phone # (318) 631-6240

Arkansas-Louisiana Conference of Seventh-day Adventists

Physical Address: 7025 Greenwood Road, Shreveport, LA 71119

Official Events & Information Website www.arklayouth.com

Adventsource (Uniforms, etc.) 1-800-328-0525 https://www.adventsource.org

ARM Insurance for Short Term Travel & Recreational Sports https://adventistrisk.org/en-US/Insurance

Emergency Drill & Safety Information https://adventistrisk.org/en-US/Safety-Resources

"Adventist Screening Verification" training and background check: https://www.nadadventist.org/asv

www.arklayouth.com/masterguides

ARKANSAS- LOUISIANA CONFERENCE OF SDA

AREA COORDINATORS

NORTH ARKANSAS

Hugo Morales
(479) 263-2246
hugomorales65@gmail.com

SOUTH LOUISIANA

Pr. Fermin Correa
(985) 686-2985
ferminpinto779@gmail.com

CENTRAL ARKANSAS

TBD

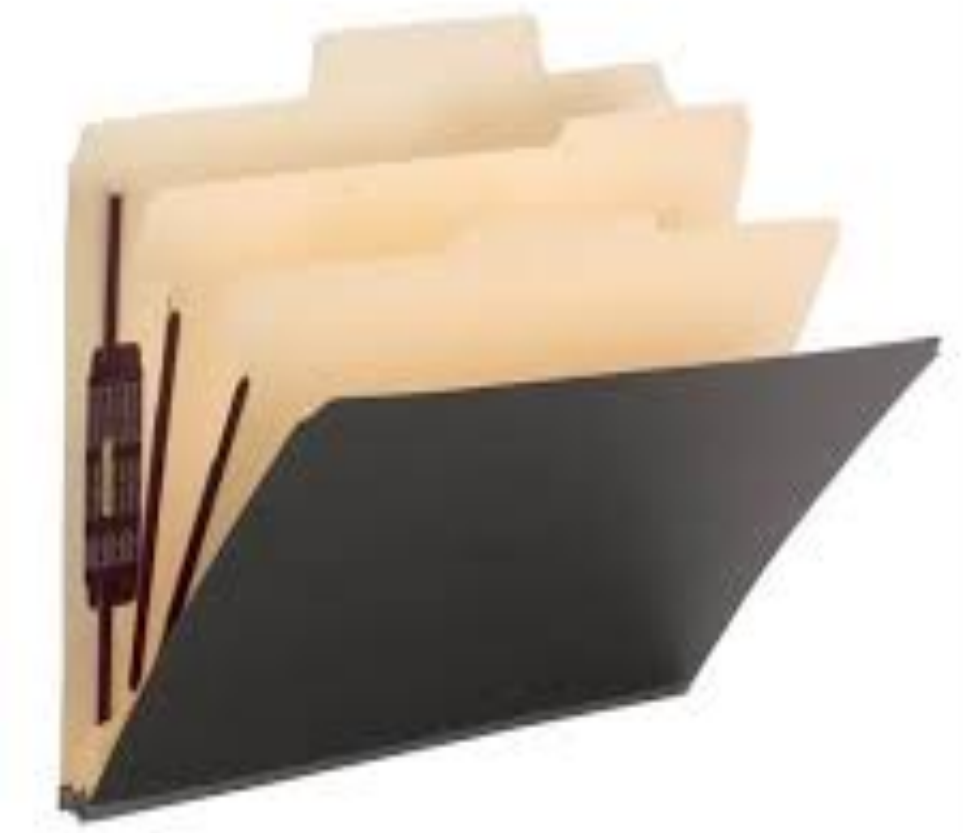
CENTRAL LOUISIANA

TBD

SOUTH ARK/NORTH LA

TBD

FORMS TO BE KEPT PRIVATELY IN THE CLUB RECORDS



Master Guides Club Anual Application

Club Name: _____ **Year:** _____

Sponsoring Church: _____

Church Address: _____

Pastor: _____ **Cell:** _____

Elected Club Director: _____ **Cell**: _____

Director's address: _____

Director's Email: _____

Please complete this form and the following attachments annually and mail them by August 30. Mail to:
SDA Conference Office Youth Department, 7025 Greenwood Road, Shreveport, LA 71119

1. Certificate of Membership Form
2. Check or money order ($10 fee for each person listed on the Certificate of Membership Form)
3. Copies of the NEW volunteer staff application form and a copy of the children's training course and background check (which must be completed by EVERY person aged 18+ listed on the membership certificate form).

The Purpose of the Master Guides is:

1. Engage our youth ages 16 and older by empowering them as leaders through practical training, equipping, and developing them for service.
2. Develop Christlike leaders to disciple children and youth.
3. Seeing All Youth Saved for God's Kingdom.

The Church's commitment to the Master Guides: We, the signatories, have read, understand, and fully agree with the philosophy of the Master Guides. We decided to support our club with the means the Lord has given to this church. This includes finances, volunteer staff, a meeting place, transportation for field trips, and any other needs that may arise in fulfilling this ministry.

Signatures:

Pastor: _____ Date: _____

1er Elder: _____ Date: _____

Church Secretary: _____ Date: _____

MG Director : _____ Date: _____

Board Member: _____ Date: _____

Board Member: _____ Date: _____

Board Member: _____ Date: _____

Board Member: _____ Date: _____

Membership Certificate

Club Name: _____Church: _____ **Year:** _____

Please submit this form and $10 Conference Fee for EACH of the participants. You can make additional copies as needed.

Check all categories that apply to each participant.

Club Member's Name	**Age**	**Volunteer Staff**	**Potential driver** **Age 25+**

Other (Individuals who are not full-time members, but still require insurance coverage for off-site events they wish to attend) Check all that apply.

Individual's Name	**Staff spouse**	**Child (staff)** Children under 10 years old	**Potential driver** Age 25+

Volunteer Staff Application Form

A copy of this form must be completed annually and mailed to the Arkansas-Louisiana Conference and the Adventist Risk Management Administration.

Personal Information		**Date of application:**	
Church/Club:			
Last Name		Name	
DOB		Cell number	
Address			
Email			
Marital status		Spouse name	
Child's Name		Age of the child	
Religion		Local Church	
Title(s) Held and Date of Receipt		Degree-granting institution	
Do you now have, or have you had any injuries/illnesses that may limit your participation in Children's/Youth Ministries activities? YES or NO If yes, describe:			
¿Have you ever been accused or disciplined for any illegal sexual conduct, child abuse, and/or child sexual abuse? YES or NO If yes, describe:			

Work experience that would qualify you to work with children/youth:			
Job Title	Description of duties	Date	Place

References that can verify that you are suitable to work with children/youth:			
Pastor:	City:	State:	Cell:
Name:	City:	State:	Cell:
Name:	City:	State:	Cell:
Name	City:	State:	Cell:

Adventist Screening Verification (Verificación de Detección Adventista)		
Every adult 16+ years of age must complete the Adventist Screening Verification training & background check at https://www.nadadventist.org/asv and provide proof of completion	End Date	

Driver Information (optional: adults 25+ years old only**)** Information is sent to Adventist Risk Management)					
Driver's license #			Seguridad social #		
License State		Expiration Date		Vehicle Type	
Years of driving experience			Miles Driven Annually		
States in which you have been licensed in the last 3 years:					
Citations and accidents in the last 3 years: (Date, details, location)					
I have received, read, and understand the Personal Vehicle Usage Guidelines (please initial on the right)					
Submit a copy of your vehicle insurance ($100,000/$300,000 level of coverage) and your driver's license along with this form.			Proof provided?		

Staff Voluntary Service Statement: Anyone 16+ years old must complete this form. The information on this form will be used to evaluate youth ministry volunteers. It is designed to protect young people from abuse and to protect the organization of the Seventh-day Adventist Church. This record becomes permanent and is the property of the Conference. It may be referred to another Conference in the event of the applicant's transfer. The information will be copied and sent to the local church for the pastor and program leaders to use to determine staff qualifications only if the individual is approved. When a local church requests information about an applicant, the Conference cannot disclose any details and may respond only with "recommended," "not recommended," or "recommended with conditions noted." In case of accusations against the applicant, the defendant must be allowed to respond. This answer also becomes part of the record.

Sexual Conduct Statement: The Arkansas-Louisiana Adventurers, Pathfinders, and Master Guide programs are owned and operated by the Arkansas-Louisiana Association of Seventh-day Adventists. As such, any employee or volunteer staff of the Adventurer, Pathfinder, or Master Guide programs represents 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 personnel who engage in inappropriate sexual activity or the promotion of any sexual behavior that is inconsistent with Adventist belief and mission are not eligible for employment or participation as volunteer personnel.

To complete “Adventist Screening Verification” Training and background checks:
https://www.nadadventist.org/asv

Medical Information of Volunteer Staff

Each staff member must complete the form below. This confidential information is for club use only and will not be provided to the conference office.

Name	

Health Information			
Food Allergies		Drug allergies	
Physical Restrictions		Medical Conditions	
Dietary Restrictions		Doctor (Name and phone)	
Medical Insurance		Insurance Policy Number	
Preferred hospital			

Medications	Medication name Dose administered Time/Frequency Administered Reason for administration
Health history	___ Asthma ___Hay Fever ___Sinusitis ___ Ear pain ___ Ear Tubes ___Fainting ___Tuberculosis ___Diarrhea ___ Wetting the bed ___Nephropathy ___Constipation ___Stomach pain ___ Diabetes ___ Somnambulism ___ Epilepsy ___ Rheumatic fever ___ Heart Problem ___ Lenses/Contacts ___ Menstrual problems ___ Allergy to bee sting ___ Allergy to poison oak/ivy ___ Other: ___ Past Illnesses / Hospitalization / Surgeries
Immunizations	___ DTP Series ___Polio/OOPV ___ Measles ___German measles/rubella ___Tetanus ___Tuberculosis Test ___ Mumps ___Chickenpox ___ Other:
Blood Type	
¿Other health information?	

Emergency Contact 1			
Name		Cell	
Phone Number		Relation	
Emergency Contact 2			
Name		Cell	
Phone Number		Relation	
Emergency Contact 3			
Name		Cell	
Phone Number		Relation	

Adventist Risk Management

Personal Vehicle Use Guidelines

Please provide a copy of this document to each potential driver.

Drivers must:

1. Be at least 25 years old
2. Have an insurance minimum of $100,000 per person/$300,000 for occurrence liability limits. (See section Y 29 20 3.b for regular use insurance requirements.)
3. Provide a copy of your driver's license and vehicle insurance. ONLY drivers with a good driving record (no more than two traffic citations and no at-fault accidents) will be allowed to operate a vehicle on behalf of the church.
4. Please send a copy of the "Volunteer Staff Request Form" to the Conference Office
5. Require occupants to wear seat belts.
6. Do not engage in "distracted driving" (no texting, eating, drinking, reading, navigation system settings, or boisterous discipline of children while the vehicle is in motion).
7. Do not overload vehicles.
8. Check that the vehicle is in good working order (tires, wiper blades, all lights, etc.).

For long trips, make sure there are enough drivers so that no one has to drive more than three hours at a time.

If someone other than the owner will be driving the vehicle, obtain information about the owner's insurance (company name, policy number, and policy term) and provide this information to the person who will be driving the vehicle. The driver will need this information if an accident occurs. Adventist Risk Management does not recommend the use of non-owned cars at approved events. However, if non-owned vehicles are used, follow the following guidelines: Adventist Risk Management's auto insurance policy provides coverage for overweight non-owned vehicles. It's designed to protect the organization, not the vehicle owner. In the event of an accident, the owner of the vehicle must first go to their insurance company.

Make sure drivers understand that their personal auto insurance is "primary" and that their insurance is responsible for any damage caused by the vehicle or to the vehicle. Agree with the owner or driver who will be responsible for any comprehensive or collision deductibles that may apply to damage caused to the loaner vehicle.

See the North American Division Employment Policy, Section S 60 31 Vehicle Insurance and Section Y29 Auto Policy.

Every insurance policy contains limits, conditions, and exclusions. Read the policy carefully, as it may not respond to all damage claims.

Volunteer Staff Reference Verification: Year_____

References provided by all volunteer staff applicants must be checked annually using this form**. This information must remain confidential and must be sent to the conference office along with the volunteer staff application form.**

Applicant's Name				
Church / Club				
#1 Referrer's name				
Title of the referrer				
Date and time of contact				
Contact person				
Contact Form	Cell	Email	Face to face	Other:
Summary of observations concerning the applicant's aptitude and suitability for youth work				

Applicant's Name				
Church / Club				
#2 Referrer Name				
Title of the referrer				
Date and time of contact				
Contact Person				
Contact Form	Cell	Email	Fsce to face	Other:
Summary of observations concerning the applicant's aptitude and suitability for youth work				

Applicant's Name				
Church / Club				
#3 Referrer Name				
Title of the referrer				
Date and time of contact				
Contact Person				
Contact Form	Cell	Email	Face to face	Other:
Summary of observations concerning the applicant's aptitude and suitability for youth work.				

Director's Signature: _____ Date:_____

Voluntary Paperwork Checklist

This checklist is designed to help club directors ensure that all volunteer staff documentation has been collected from everyone.

Name	Volunteer Personal Application	Volunteer Medical Information	Adventist Screening Verification	Car insurance	Driver's License	Reference Verification	Other

Church Accident Claim Form

Mail to Arkansas-Louisiana Conf., 7025 Greenwood Rd. Shreveport, LA 71130

Teléfono (318) 631-6240 Fax (318) 631-7611

To be completed by the church organization:		
Church Name:		
Church Address:		
Covered Person Information:		
Last Name:	Name:	Middle Initial:
Date of birth: Sex:	Parent/Guardian:	
Address:		Cell:
Details Name of Injury/Disease:		
Date of injury/illness:	Time:	Place:
This happened during/at a church-sponsored event? _____ Event: Name: _____Event Schedule: _____ Event Location: _____ Type of activities at the event: _____ _____ Was the claimant supervised when this happened? ____ Did this happen at the activity facility?? _____ Sucedió esto mientras viajaba hacia o desde un evento en un vehículo autorizado? _____		
How and where did this happen? Please be specific.		
Leader's Name:	Leader's Title:	Cell:
Name of witness:		Cell:
Name of witness:		Cell:
Name of witness:		Cell:
Person who writes/submits this report (if different):		Cell:

I hereby certify that the statements made above are correct to the best of my knowledge and belief and that the foregoing claim was covered hereunder at the time of the accident/injury/illness.

Signature of the supervising officer: _____ Title _____

Date:_____ Cell:_____

To be completed by the claimant, parent, or guardian Please attach receipts. No check will be given without proper receipt for services**.**
Make the check payable to:
Name and address of physician(s)):
Name and address of the hospital):
What other insurance and/or medical assistance do you have that covers this loss? List the names of the vendor involved?
Are you sending a copy of the payment from your company in this claim? _____ you or your spouse have any other plans that provide medical assistance for medical expenses/medical care? _____ Employer's Name: _____ Cell: _____ Employer's spouse: _____ Cell: _____

I hereby certify that the injury or illness occurred as directed and that all treatments listed above were entirely due to this claim; that the claim was not the result of a congenital, predisposing or pre-existing condition. I hereby authorize any physician or hospital that has treated the previous claimant to provide the insurance company, or its representative, with any requested information. A photocopy of this authorization will be considered valid.

Signature of claimant, parent, or guardian _____

Date of signature _____

Address of the claimant, parent or guardian_____

Notes:

1. CAP benefits are provided for covered expenses incurred within 1 year after the date of the accident. The first $500 of covered expenses are paid independently of another Plan that provides medical expense benefits. Additional charges are paid when they are in EXCESS of another Plan that provides medical expense benefits to the applicable maximum. If you are not covered by another Plan that provides medical expense benefits, the excess provision will not apply and benefits will be paid up to the $5,000.00 limit.
2. All accidental bodily injury and covered illnesses must be reported to the leader/director immediately.
3. It is the responsibility of the covered person to ensure that this report is mailed to Risk Management Services within ninety (90) days from the date of the accident.
4. Attach the doctor's statement and/or itemized billing to this form.

Photo/Media Release Permission Form

As a parent(s) legal guardian(s) of (child's full name)_____
I/We hereby consent and grant permission to use photographs or videos taken during Master Guide Club and church activities for publicity, promotional, and educational purposes, including publications, presentations, and broadcasts via newspapers, the Internet, and other media sources. I/We provide this Release Permission with full knowledge and consent and waive all claims for compensation for use or damages. We want to emphasize that any such use of the materials mentioned above would be done strictly with Seventh-day Adventist Christian values, respecting our shared beliefs and principles. Furthermore, I/We agree to release the _____ Master Guide Club, the _____ Seventh-day Adventist Church, the Arkansas-Louisiana Conference of Seventh-day Adventists, and their staff, directors, and volunteers from any legal liability and responsibilities for any issues arising from the use or release of the photos and videos of the named child.

I/We have read this release permission form and fully accept and understand its contents.

☐ Parent/Guardian ☐ Signature: _____ Date:_____

☐ Parent/Guardian ☐ Signature: _____ Date:_____

NOTES..