



Pathfinder

Director's Packet

Arkansas-Louisiana Conference

Revised August 2024

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Support Information

Conference Pathfinder Director: Lloyd Clapp

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Email: clapplloyd@gmail.com

Youth Secretary: Juliana Mercado

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

Email: jmercado@arklac.org

Conference Youth Director: TBD

Conference Adventist Risk Management Representative (Treasury Dept): Rodney Dyke

Phone # (318) 631-6240

Arkansas-Louisiana Conference of Seventh-day Adventists

7025 Greenwood Road, Shreveport, LA 71119

Conference Events & Information <https://www.arklayouth.com/events>

NAD Pathfinder Bible Experience Information <https://nadpbe.org/> ArkLa

Teen Leadership Training Conference www.arklaTLT.weebly.com

Policy & Procedure for Developing a New ArkLa Award <https://tinyurl.com/arklahonorsawards>

Pathfinder Uniform Guidelines & Ordering <https://www.clubministries.org/pathfinders/pathfinder-uniform-standards-nad/>

AdventSource (Uniforms & Supplies) 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>

Investiture Achievement & Honor Information <https://www.clubministries.org/>

Teen Leadership Training Manual & Forms <https://www.clubministries.org/pathfinders/tlt/>

“Adventist Screening Verification” training and background check: <https://www.nadadventist.org/asv>

Pathfinder Club Yearly Application



Club Name: _____ Year: _____

Sponsoring Church: _____

Church Address: _____

Pastor: _____ Phone: _____

Elected Club Director: _____ Phone: _____

Director's Mailing Address: _____

Director's Email: _____

Complete Yearly & Mail this Form & the Following Attachments by September 30:

Mail to: ARKLA Conference Youth Department, 7025 Greenwood Rd, Shreveport, LA 71119

- Certificate of Membership Form
- Check or Money Order (\$10 fee for each person listed on Certificate of Membership Form)
- Copies of Volunteer Staff Application form & the Reference Check form (must be completed by EACH person age 18+ that is listed on the Certificate of Membership Form).

The Purpose of Pathfinding is:

- To involve youth of grades 5-12 in Christian group activities and active, selfless service.
- To lead its members into a growing and redemptive personal relationship with God.
- To build its members into responsible, mature individuals that are capable of Christian leadership.

The Church's Commitment to Pathfinding:

We, the undersigned, have read, understand, and are in full agreement with the above Philosophy of Pathfinding. 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.

Signatures:

Church Pastor: _____ Date: _____

Head Elder: _____ Date: _____

Church Clerk: _____ Date: _____

Club Director: _____ Date: _____

Church Board Member: _____ Date: _____

Church Board Member: _____ Date: _____

Church Board Member: _____ Date: _____

Church Board Member: _____ Date: _____

Certificate of Membership Form

Club Name: _____ Church: _____ Year: _____

Please remit this form & a \$10 conference fee for EACH individual listed. Make additional copies if necessary.

Club Members (check all categories that apply to the individual)

Club Member's Name	Pathfinder Grades 5-8	Teen Grades 9-12	Staff Age 18+	Potential Driver Age 25+

Others (Individuals not full-time members, but still require insurance coverage for off-site events they may attend. Check all that apply.)

Individual's Name	Staff Spouse	Staff Child Under Age 10	Pathfinder's Sibling Under Age 10	Pathfinder's Parent	Potential Driver Age 25+

Volunteer Staff Application Form

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

Personal Information		Application Date: _____	
Church/Club			
Last Name		First Name	
Birthdate		Phone	
Address			
Email			
Marital Status		Name of Spouse	
Name/Age of Children			
Religious Affiliation		Home Church	
Degree(s) Held & Date Received		Institution Granting Degree	
Do you now have or have you had any injury/sickness that might limit your involvement in Children's/Youth Ministries activities? YES or NO If YES, Describe:			
Have you ever been accused, charged, or disciplined for any unlawful 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	Location
References who can verify you are suitable for work with Children / Youth:			
Pastor:	City:	State:	Phone:
Name:	City:	State:	Phone:
Name:	City:	State:	Phone:

Adventist Screening Verification	
Every adult age 18+ should complete the Adventist Screening Verification training & background check at https://www.nadadventist.org/asv and provide proof of completion.	Date Completed

Driver Information (Optional: Adults age 25+ only) (Information is submitted to Adventist Risk Management)					
Driver's License #				Social Security #	
Licensing State		Expiration Date		Type of Vehicle	
Years Driving Experience				Miles Driven Annually	
States You Have Held License in over last 3 years:					
Citations and Accidents in last 3 years: (Date, Details, Location)					
I have received, read, and understand the Personal Vehicle Usage Guidelines (Please initial to the right)					
Please submit a copy of your vehicle insurance (coverage level of \$100,000/\$300,000) & your Driver's License along with this form.					proof provided?

Staff Volunteer Service Statement: Anyone age 16+ must complete this form. The information on this form will be used to evaluate youth ministry volunteers. It is designed to protect the youth from abuse and to protect the Seventh-day Adventist Church organization. This record becomes permanent and is the property of the Conference. It may be forwarded to another Conference should the applicant move. The information will be copied and sent to the local church for the pastor and program leaders to use in determining staff qualifications only if the individual is approved. When a local church requests information on an applicant, the Conference may not release any specifics and may respond only with "recommended," "not recommended," or "recommended with conditions noted." 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.

Sexual Conduct Statement: The Arkansas-Louisiana Adventurer, Pathfinder and Master Guide programs, are 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 are ineligible for employment or participation as volunteer staff.

To Complete "Adventist Screening Verification" training and background check:

<https://www.nadadventist.org/asv>

<p>The above information is accurate to the best of my recollection. I understand that this is a volunteer position and will receive no remuneration for services and time. I have read and understand the staff volunteer service statement and sexual conduct statement. I have read and understand the Personal Vehicle Usage Guidelines. 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. NOTE: Volunteer staff can not begin work until their background and driving record checks have cleared.</p> <p>Signature: _____ Date: _____</p>
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Official Use: ___ Recommended ___ Not Recommended Date: _____ Signature: _____
Notes: _____

Volunteer Staff Medical Information

Each staff member should complete the following form.

This confidential information is for club use only and will not be provided to the conference office.

Name:	
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Health Information			
Food Allergies		Medication Allergies	
Physical Restrictions		Medical Conditions	
Diet Restrictions		Physician (Name & Phone)	
Insurance Company		Insurance Policy Number	
Preferred Local Hospital			
Current Medications	Medication Name	Dose Administered	Time/Frequency Administered Reason for Administration
Health History	<input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Sinus Trouble <input type="checkbox"/> Earache <input type="checkbox"/> Ear Tubes <input type="checkbox"/> Fainting <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Bedwetting <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Constipation <input type="checkbox"/> Stomach Ache <input type="checkbox"/> Diabetes <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Menstrual Problems <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Poison Oak/Ivy Allergy <input type="checkbox"/> Other: _____		
Past Illness / Hospitalization / Surgeries			
Immunizations	<input type="checkbox"/> DTP Series <input type="checkbox"/> Polio/OOPV <input type="checkbox"/> Measles <input type="checkbox"/> German Measles/Rubella <input type="checkbox"/> Tetnus <input type="checkbox"/> Tuberculin Test <input type="checkbox"/> Mumps <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Other: _____		
Other Health Information?			

Emergency Contact 1			
Name		Phone 2	
Phone		Relationship	

Emergency Contact 2			
Name		Phone 2	
Phone		Relationship	

Personal Vehicle Usage Guidelines

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

Drivers must:

- Be at least 25 years of age
- Carry a minimum of \$100,000 per person/\$300,000 per occurrence limits of liability. (See *Section Y 29 20 3.b* for regular use insurance requirements.)
- Provide a copy of their 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.
- Submit a copy of the "Volunteer Staff Application Form" to the Conference Office
- Require occupants to wear seatbelts.
- Not engage in "distracted driving" (no cell phone, texting, eating, drinking, reading, navigation system adjustments, or boisterous children discipline while the vehicle is in motion).
- Not overload vehicles.
- Verify that the vehicle is in good working order (tires, wiper blades, all lights, etc.).



For long trips, ensure that there are sufficient drivers so that no one is required to drive more than three hours at a stretch.

If someone other than the owner will be driving the vehicle, obtain information on the owner's insurance (company name, policy number, and policy term) and give 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 autos on approved events. If non-owned vehicles are used, however, adhere to the following guidelines: Adventist Risk Management's auto insurance policy provides coverage for non-owned vehicles on an excess basis. It is designed to protect the organization, not the vehicle owner. In the event of an accident, the vehicle owner must go to his/her insurance company first.

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

Refer to the North American Division Working Policy, *Section S 60 31 Vehicle Insurance* and *Section Y 29 Automobile Policy*.

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

Volunteer Staff Reference Check

Year: _____

The references provided by all volunteer staff applicants must be checked yearly using this form. **This information is to remain confidential and should be submitted to the conference office along with the volunteer staff's application form.**

Name of Applicant	
Church / Club	

#1 Reference's Name	
Reference's Title	
Date & Time of Contact	
Person Making the Contact	
Method of Contact	Phone Email Face-to-Face Other: _____
Summary of the remarks concerning the applicant's fitness and suitability for youth work	

#2 Reference's Name	
Reference's Title	
Date & Time of Contact	
Person Making the Contact	
Method of Contact	Phone Email Face-to-Face Other: _____
Summary of the remarks concerning the applicant's fitness and suitability for youth work	

#3 Reference's Name	
Reference's Title	
Date & Time of Contact	
Person Making the Contact	
Method of Contact	Phone Email Face-to-Face Other: _____
Summary of the remarks concerning the applicant's fitness and suitability for youth work	

Director's Signature: _____ **Date:** _____