



Pathfinder

Director's Packet

Arkansas-Louisiana Conference

Revised August 2022

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Support Information

Conference Events & Information www.arklayouthministries.org

ArkLa Conference Bible Bowl Information <http://www.arklayouthministries.org/>

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: SDA Conference Office Youth Department, P.O. Box 31000, Shreveport, LA 71130

- 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>
--

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:	
--------------	--

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:** _____

Volunteer Paperwork Checklist

This checklist is designed to help club directors ensure that all volunteer staff paperwork has been collected from each individual.

Name	Volunteer Staff Application	Volunteer Staff Medical Information	Adventist Screening Verification	Car Insurance	Driver's License	Volunteer Staff Reference Check	Other:

Pathfinder Membership Application

This confidential information will be kept for Club use only.

Membership Requirements:

- Be at least 10 and in the 5th Grade or under age 18
- Faithfully attend scheduled club activities
- Agree to follow the guidelines set forth by the local club including paying fees
- Follow the 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 to man.*)
- Follow the Pathfinder Law (*Keep the morning watch. Do my honest part. Care for my body. Keep a level eye. Be courteous and obedient. Walk softly in the sanctuary. Keep a song in my heart. Go on God's errands.*)



Child's Personal Information		Application Date: _____	
Last Name		First Name	
Birthdate		Age	
Grade		School	
Child's Phone # (optional)		Child's Email (optional)	
Home Address			
Baptized?		Baptism Date	
Religious Affiliation		Home Church	
Other Personal Information?			
I would like to join the Pathfinder Club and agree to abide by the membership requirements listed above. Child's Signature: _____ Date: _____			

Parent / Guardian #1 Info		Relationship to child: _____ Does the child live with this person? _____	
Last Name		First Name	
Address		Phone #1	
Email		Phone #2	

Parent / Guardian #2 Info		Relationship to child: _____ Does the child live with this person? _____	
Last Name		First Name	
Address		Phone #1	
Email		Phone #2	

Alternate Emergency Contacts		Relationship to child: _____ Does the child live with this person? _____	
Name		Phone	
Name		Phone	

Health Information			
Food Allergies		Medication Allergies	
Physical Restrictions		Medical Conditions	
Preferred Local Hospital		Physician (Name & Phone)	
Insurance Company		Insurance Policy Number	
Diet Restrictions			
Current Medications	Medication Name	Dose Administered	Time/Frequency Administered Reason for Administering
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/Surgery Hospitalization/			
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?			

Approval Section:

Parent/ Guardian Consent:

As a parent or legal guardian of _____, I am in favor of him/her attending all club functions and accept the membership conditions named above. In consideration of the benefits derived from membership, I hereby voluntarily waive any claim against the club of the Arkansas-Louisiana Conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Pathfinder Club. The health history as stated is correct as far as I know, and the person herein described has permission to engage in all prescribed club activities. I give permission for my child to be photographed and his/her picture posted on club social media and web sites. I will assist the applicant in observing the rules of the Pathfinder organization and will encourage him/her to take part in all club activities. I agree to pay the fee required for Pathfinder membership with the conference. Permission for photo copying this information and health record is granted for use by the Pathfinder Club only.

Authorization to Treat a Minor:

I (we) the undersigned parent or legal guardian of _____, in case of emergency, hereby give permission to the physician selected by the club director to hospitalize, secure proper treatment, and to order injections or anesthesia for my child. The health history as stated above is correct as far as I know. A photocopy of this shall be valid as the original. I consent for club staff to administer over-the-counter drugs at their discretion with parent notification.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Pathfinder Club Outing Permission Slip

I, _____, the parent/legal guardian of

(Print Child's Full Name) _____, do hereby

give permission for my child to attend (Event) _____ at

(Event Name Event Location) _____ in (Event City) _____

on _____ (date and time).

My child has permission to travel with the Pathfinder Club and participate in all activities associated with this outing. I have already completed and given to the club director, my child's Health/Medical Information & Consent Form, which includes a signed consent to medical treatment. In the event of an emergency, medical measures will be taken, and every attempt will be made to notify the parent/legal guardian by telephone.



A photocopy of this form is as valid as the original. This permission will remain in effect until the date of this event has passed, or it is revoked in writing by parent/legal guardian.

Parent/Guardian Signature: _____ Date: _____

Phone Number 1: _____ Phone Number 2: _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Witness Signature: _____ Title: _____ Date: _____

How to Use the Pathfinder Record Sheet



General Instructions: Print one “Pathfinder Record Sheet” for each person. For durability, make the copies on cardstock. Three-hole-punch the pages and keep them in a binder.

Account Records: Use the sheet to record fees owed and payments made, such as dues, events, uniforms, t-shirts, etc.. Does each Pathfinder have an “account” where they are saving for an upcoming camporee or mission trip? Split the Account Record chart and use the left side for general accounting and the right side as a savings account log.

Example Account Records for Brooklyn Smith										
Date	Description	+	-	Balance		Date	Description	+	-	Balance
8/15	Join fee \$85, 1st Payment\$30	30.00	85.00	-55.00		12/13	Payment	75.00		-30.00
11/01	TLT Conference Fee		50.00	-105.00		01/14	Paid \$80, Trip Fee \$50	80.00	50.00	0.00

Honors Earned: Each time a Pathfinder earns an honor, record it here. This makes your yearly patch ordering so much easier.

Other Achievements: Record noteworthy achievements your Pathfinder has made (Certificates, 2nd place at the Pinewood Derby competition, A honor roll, elected to serve as Jr. Deacon, etc). These achievements can be shared during investiture service.

Conference/Area Events Attended: Record conference events that a Pathfinder has attended such as Bible Bowl, Honor’s Festival, Camporees, or Teen Leadership Training Conferences.

General Records: For legal protection, it is a good idea to document anything special or out-of-the-ordinary that happens with your Pathfinders. This includes things such as behavior incidents, meeting with parents, injuries, peer-to-peer incidents, etc. Be sure to record dates, times, conversation highlights, individuals present, and the steps that were taken.

Why?: This information will be very handy when preparing for investiture. This information can also help staff make difficult decisions such as who earns the “Pathfinder Excellence Award” or “Pathfinder of the Year.”

Pathfinder Record Sheet

Year: _____

Name: _____ Unit: _____ Counselor: _____

Investiture Achievement Level Working on: _____ Grade: _____ Age: _____

T-Shirt Size: _____ Shirt Size: _____ Pant/Skirt Size: _____ Belt Size: _____ Sash Size: _____

Account Records										
Date	Description	+	-	Balance		Date	Description	+	-	Balance

Honors Earned			Other Achievements

Conference/Area Events Attended	

Other General Records	

How to Use Pathfinder Points Record

The purpose of the points system is to help each Pathfinder strive for excellence and refocus them on following the Pathfinder Law at any meeting or event attended. The points record can help you implement Positive Behavior Rewards in your club, which is key in managing behavior. Remember to spend more time praising positive behaviors and less time scolding and punishing. Human nature prompts us to want to please those in authority and to seek praise for our good works.



There are 8 point categories and each is based on the Pathfinder Law. Points categories and descriptions should be posted and well-known by your Pathfinders. **Award only 1 point per category per meeting or event.** (Exception: “Go on God’s Errands” & “Keep the Morning Watch” category; only if the person has participated in more than one worship service or service/mission project since the last time points were recorded). **Completing an honor is not point worthy.** The reward for completing an honor is a patch, not points. **If you don’t see something in the category description specifically, then it is not point worthy.**

Key	Category	Earn a Point By:
M	Keeping the <u>M</u> orning Watch	Participating In or Leading Out in Church Service or Club Worship
H	Doing my <u>H</u> onest Part	Helping Without Being Asked, Completing Assigned Tasks
B	Caring for my <u>B</u> ody	Being Neat, Clean, Safe, & in Proper Uniform
L	Keeping a <u>L</u> evel Eye	Making Good Decisions, Listening, Following Directions
C	Being <u>C</u> ourteous & Obedient	Treating Others With Respect, Arriving on Time
W	<u>W</u> alking Softly in the Sanctuary	Being Quiet, Attentive, and Reverent during Worship Times
S	Keeping a <u>S</u> ong in my Heart	Having a Good Attitude
G	Going on <u>G</u> od’s Errands	Participating in a Service/Mission/Evangelism Projects or Similar Activity

Example:

- Brooklyn arrived at the meeting on time and wearing her club t-shirt (+1, Be Courteous & Obedient; +1 Care for My Body).
- During worship, Brooklyn was quiet and attentive. (+1 Walk Softly in the Sanctuary)
- Brooklyn listened & followed all directions during her Investiture Achievement class (+1, Keep a Level Eye)
- Brooklyn also reported that she told the Children’s Story in church last Sabbath (+1, Keep the Morning Watch).
- Brooklyn’s unit counselor also noted that Brooklyn had a poor attitude when it was announced that the Ski trip had to be postponed due to bad weather (No Point, Keep a Song in my Heart Category).
- One of the staff members circled the C, B, W, L, and M on Brooklyn’s points record to note the categories in which she earned points; a total of +5. Before leaving the meeting Brooklyn’s counselor praised her for the positive points she accrued and had a brief conversation with her regarding the appropriate attitude to have when one is disappointed.

Example Points Records for Brooklyn Smith						
Date	Key	Total		Date	Key	Total
11/12	M H B L C W S G	5			M H B L C W S G	

Rewards: Human nature compels us to behave a certain way to either get something or avoid something. Brainstorm low cost rewards that will appeal to Pathfinders and serve as an incentive. **Due to the developmental stage of our Pathfinders, merely working toward achieving “Pathfinder of the Year” is rarely enough incentive to earn points.** Early adolescents have difficulty weighing current actions and choices with rewards that are so far in the future. **Consider giving smaller rewards more frequently or quarterly.** Examples: A quarterly drawing- Every 10 points is worth one entry in the drawing. Or, a prize store - Each point is converted to a “dollar” to spend on the items in the store.

Pathfinder Points Record Year: _____

Quarter ____ (one line per meeting or event)			Quarter ____ (one line per meeting or event)			
Date	Key	Total		Date	Key	Total
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	
	M H B L C W S G				M H B L C W S G	

1st Quarter Total	2nd Quarter Total	3rd Quarter Total	4th Quarter Total	Year's Total	Average Per Quarter

Pathfinder Points Categories

Key	Category	Earn a Point By:
M	Keeping the <u>M</u>orning Watch	Participating In or Leading Out in Church Service or Club Worship
H	Doing My <u>H</u>onest Part	Helping Without Being Asked, Completing Assigned Tasks
B	Caring for My <u>B</u>ody	Being Neat, Clean, Safe, & in Proper Uniform
L	Keeping a <u>L</u>evel Eye	Making Good Decisions, Listening, Following Directions
C	Being <u>C</u>ourteous & Obedient	Treating Others With Respect, Arriving on Time
W	<u>W</u>alking Softly in the Sanctuary	Being Quiet, Attentive, and Reverent during Worship Times
S	Keeping a <u>S</u>ong in My Heart	Having a Good Attitude
G	Going on <u>G</u>od's Errands	Participating in a Service/Mission/Evangelism Projects or Similar Activity

Pathfinder Award Requirements

Apart from earning honors and completing Investiture Achievement levels, Pathfinders can also work toward several awards. **The requirements for these awards should be posted and well known by your Pathfinders.**



Pathfinder Excellence Award (formerly known as “Good Conduct”)

To be a candidate for the Pathfinder Excellence Award, the Pathfinder must...

- Be an active member of the Pathfinder Club for at least one year prior.
- Be in grades 5 -12.
- Have completed their Investiture Achievement class for their level.
- Have completed at least 4 honors in the past year.
- Earn a predetermined amount of points throughout the year (Top 50th percentile) - By noting a Pathfinder’s points earnings, you are taking into consideration their commitment to follow the Pathfinder Law, club attendance, participation in service projects, church attendance and participation, uniform, and behavior.

Insignia: The Pathfinder should wear the ribbon pin on his/her uniform. A star should be added to the ribbon for each additional year the award is earned.

Reward: Certificate and Ribbon pin. Also consider other additional incentives such as a Pathfinder Bible or a “Pathfinder Gear” item from AdventSource.

More Information: <http://youth.adventist.org/Ministries/Pathfinders/Pathfinder-Excellence-Award>

Pathfinder of the Year Award

To be a candidate for the “Pathfinder of the Year” award, the Pathfinder must...

- Complete the “Pathfinder of the Year” application
- Be an active member of the Pathfinder Club for at least one year prior.
- Be in grades 5 - 12.
- Have completed their Investiture Achievement class for their level, including the optional portions.
- Have completed at least 8 honors in the past year, one of which they have done on their own.
- Earn a predetermined high level of points throughout the year. (top 10 percentile) - By noting a Pathfinder’s points earnings, you are taking into consideration their commitment to follow the Pathfinder Law, club attendance, participation in service projects, church attendance and participation, uniform, and behavior.

Insignia: The Pathfinder should wear the “Pathfinder of the Year” medal or ribbon on his/her uniform.

Reward: Certificate and Medal/Ribbon. This individual should be publicly recognized to the church family. Also consider other additional incentives such as a plaque, a paid week at summer camp, a Pathfinder Bible, or a cash prize.

Pathfinder of the Year Application



To be a candidate for the “Pathfinder of the Year” award, you must:

- Complete the “Pathfinder of the Year” application
- Be an active member of the Pathfinder Club for at least one year prior.
- Be in grades 5 - 12.
- Complete your Investiture Achievement class for your level, including the optional portions.
- Complete at least 6 honors in the past year, 1 of which you have done on your own.
- Earn a high level of points throughout the year.

Pathfinder’s Name:		Date:	
Points Earned this Year:		Grade:	

Investiture Achievement (IA)	
What level did you complete this year (as well as the optional portions)?	
Signature of your IA class teacher:	

Honors: List at least 8 honors you completed this year. Circle the one you did on your own and attach the paperwork for this honor.	

Why do you deserve to be “Pathfinder of the Year?” (use back side if needed)

How to Use “Path to Excellence” Quarterly Pathfinder Director’s Report



Purpose: The “Path to Excellence” quarterly director’s report is designed to specifically help the club director strive for excellence in their Pathfinder ministry. Keep in mind that this is a “*path*” to excellence, and achieving higher levels may feel difficult at first. Attaining excellence often happens slowly and requires a growth mindset.

What to do: Club directors should fill out the “Path to Excellence Director’s Report” once each quarter and submit it to the area coordinator before the designated time. Directors should review the report checklist often and keep a copy for their own records to mark things off as they are completed. Planning and staying on track is key.

Scoring: The Area Coordinator and director should schedule a yearly assessment meeting. Together the AC and the director will decide the rating that is deserved for each director. To help determine this, directors should come prepared with their completed checklists and evidence to validate their accomplishments. As Christian leaders, remember to maintain your integrity as you consider which level of accomplishment you have achieved.

Awarding: The final overall award level will be assigned by the Area Coordinator and a certificate will be issued to the director based on the following:

- **Gold Level Director:**
 - Quarterly reports were 100% completed with evidence to support all accomplishments.
 - All 4 quarterly reports were submitted on time.
 - More than 5 tasks from the activity list were completed each quarter including an “other” activity
- **Silver Level Director:**
 - Quarterly task checklist 90% completed with evidence to support all accomplishments.
 - At least 3 quarterly reports were submitted on time.
 - At Least 5 tasks from the activity list were completed each quarter.
- **Bronze Director:**
 - Quarterly task checklist at least 80% completed with evidence to support all accomplishments.
 - At least 2 quarterly reports were submitted on time.
 - At least 3 tasks from the activity list were completed each quarter.

**The first two tasks in Quarter 1 must be completed to score at any level.*


Quarter 1 - Due September 30

“Path to Excellence” Quarterly Pathfinder Director’s Report

To be completed by the club director and submitted to the area coordinator each quarter.

Director’s Name		Club Name		Year	
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Quarter 1 Tasks:

<input type="checkbox"/> Submit your yearly club application (in director’s packet), and all attachments, to the conference.* <input type="checkbox"/> Ensure all staff have completed volunteer paperwork & verified volunteers.* <input type="checkbox"/> Hold a staff planning meeting (including TLTs). Attach a copy of your “Yearly Planning Form” to this report (in the director’s packet). <input type="checkbox"/> Staff attend ArkLa Pathfinder & Adventurer Staff Training Conference <input type="checkbox"/> Register new and returning members. <input type="checkbox"/> Hold an Induction and/or Investiture Service.	
--	---

Activity List: (Complete at least 5 & document below)

- | | | |
|--|---|--|
| <input type="checkbox"/> Offer a recruiting event | <input type="checkbox"/> Complete a service project | <input type="checkbox"/> Hold a Pathfinder Sabbath |
| <input type="checkbox"/> Participate in World Pathfinder Day | <input type="checkbox"/> Do an activity with another club | <input type="checkbox"/> Participate in church service |
| <input type="checkbox"/> Go Camping | <input type="checkbox"/> Submit an article to The Record | <input type="checkbox"/> Offer a nature activity |
| <input type="checkbox"/> Participate in conference event | <input type="checkbox"/> Hold a holiday event | <input type="checkbox"/> Offer a fitness activity |
| <input type="checkbox"/> Participate in an area event | <input type="checkbox"/> Do a fundraiser | <input type="checkbox"/> Club assists with VBS |
| <input type="checkbox"/> Lead an outreach event | <input type="checkbox"/> Staff complete AYMT course | <input type="checkbox"/> Other (ask your area coordinator) |

Event/Activity	Date	Summary

Membership Report

	Club Members (age 10-17)	Staff (age 18+)	TLTs
Number Registered (on roster)			
Average Number Attending			

Curriculum Report

	Friend	Companion	Explorer	Ranger	Voyager	Guide	Master Guide	TLT
Teacher(s)								
Class Time(s)								
Number Students Enrolled								

Honors Report (Offer & Complete at least 2)

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Quarter 2 - Due December 31

“Path to Excellence” Quarterly Pathfinder Director’s Report

To be completed by the club director and submitted to the area coordinator each quarter.

Director’s Name		Club Name		Year	
------------------------	--	------------------	--	-------------	--

Quarter 2 Tasks:

- Make a presentation to your church board about your club.
- Describe how your club includes worship/devotional each meeting (attach to report)
- Describe how you keep records for club members and staff (attach to report)
- Check that all club members have complete & properly fitting uniforms



Activity List: (Complete at least 5 & document below)

- | | | |
|---|--|--|
| <input type="checkbox"/> Go Camping | <input type="checkbox"/> Submit an article to The Record | <input type="checkbox"/> Offer a nature activity |
| <input type="checkbox"/> Participate in conference event | <input type="checkbox"/> Hold a holiday event | <input type="checkbox"/> Offer a fitness activity |
| <input type="checkbox"/> Participate in an area event | <input type="checkbox"/> Do a fundraiser | <input type="checkbox"/> Offer a craft activity |
| <input type="checkbox"/> Lead an outreach event | <input type="checkbox"/> Staff complete AYMT course | <input type="checkbox"/> Kids teach each other |
| <input type="checkbox"/> Complete a service project | <input type="checkbox"/> Hold a Pathfinder Sabbath | <input type="checkbox"/> Invite a guest speaker/teacher |
| <input type="checkbox"/> Do an activity with another club | <input type="checkbox"/> Participate in church service | <input type="checkbox"/> Other (ask your area coordinator) |

Event/Activity	Date	Summary

Membership Report

	Club Members (age 10-17)	Staff (age 18+)	TLTs
Number Registered (on roster)			
Average Number Attending			
Lost (-) / Gained (+)			

Curriculum Report

	Friend	Companion	Explorer	Ranger	Voyager	Guide	Master Guide	TLT
Number Students On-track to complete level								

Honors Report (Offer & Complete at least 2)

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Quarter 3 - Due March 31


“Path to Excellence” Quarterly Pathfinder Director’s Report

To be completed by the club director and submitted to the area coordinator each quarter.

Director’s Name		Club Name		Year	
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Quarter 3 Tasks:

- Make a presentation to the church body about your club.
- Conduct emergency drills with your club (attach form in director’s packet to this report).
- Describe what incentives & positive behavior rewards you use in your club (attach to this report)
- Describe how you communicate the club’s plans with parents/families (attach to this report)



Activity List: (Complete at least 5 & document below)

- | | | |
|---|--|--|
| <input type="checkbox"/> Participate in Bible Bowl | <input type="checkbox"/> Submit an article to The Record | <input type="checkbox"/> Offer a fitness activity |
| <input type="checkbox"/> Go Camping | <input type="checkbox"/> Hold a holiday event | <input type="checkbox"/> Offer a craft activity |
| <input type="checkbox"/> Participate in conference event | <input type="checkbox"/> Do a fundraiser | <input type="checkbox"/> Kids teach each other |
| <input type="checkbox"/> Participate in an area event | <input type="checkbox"/> Staff complete AYMT course | <input type="checkbox"/> Invite a guest speaker/teacher |
| <input type="checkbox"/> Lead an outreach event | <input type="checkbox"/> Hold a Pathfinder Sabbath | <input type="checkbox"/> Other (ask your area coordinator) |
| <input type="checkbox"/> Complete a service project | <input type="checkbox"/> Participate in church service | |
| <input type="checkbox"/> Do an activity with another club | <input type="checkbox"/> Offer a nature activity | |

Event/Activity	Date	Summary

Membership Report

	Club Members (age 10-17)	Staff (age 18+)	TLTs
Number Registered (on roster)			
Average Number Attending			
Lost (-) / Gained (+)			

Curriculum Report

	Friend	Companion	Explorer	Ranger	Voyager	Guide	Master Guide	TLT
Number Students On-track to complete level								

Honors Report (Offer & Complete at least 2)

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Quarter 4 - Due June 30

“Path to Excellence” Quarterly Pathfinder Director’s Report

To be completed by the club director and submitted to the area coordinator each quarter.

Director’s Name		Club Name		Year	
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Quarter 4 Tasks:



- Complete your club’s “Annual Review” (in director’s packet)
- Hold a staff meeting to reflect on the past year & brainstorm ideas for next year (include TLTs).
- Make a plan to recruit new members & retain eligible members from last year (attach to this report).
- Hold an Investiture Service. Select recipients for “Pathfinder of the Year” and “Pathfinder Excellence” awards.
- Meet with the area coordinator to complete your yearly “Path to Excellence” assessment & scoring.

Activity List: (Complete at least 5 & document below)

- | | | |
|--|---|--|
| <input type="checkbox"/> Offer a recruiting event | <input type="checkbox"/> Do an activity with another club | <input type="checkbox"/> Offer a nature activity |
| <input type="checkbox"/> Participate in Bible Bowl | <input type="checkbox"/> Submit an article to The Record | <input type="checkbox"/> Offer a fitness activity |
| <input type="checkbox"/> Go Camping | <input type="checkbox"/> Hold a holiday event. | <input type="checkbox"/> Offer a craft activity |
| <input type="checkbox"/> Participate in conference event | <input type="checkbox"/> Do a fundraiser. | <input type="checkbox"/> Club assists with VBS |
| <input type="checkbox"/> Participate in an area event | <input type="checkbox"/> Staff complete AYMT course | <input type="checkbox"/> Other (ask your area coordinator) |
| <input type="checkbox"/> Lead an outreach event | <input type="checkbox"/> Hold a Pathfinder Sabbath | |
| <input type="checkbox"/> Complete a service project | <input type="checkbox"/> Participate in church service | |

Event/Activity	Date	Summary

Membership Report

	Club Members (age 10-17)	Staff (age 18+)	TLTs
Number Registered (on roster)			
Average Number Attending			
Lost (-) / Gained (+)			

Curriculum Report

	Friend	Companion	Explorer	Ranger	Voyager	Guide	Master Guide	TLT
Number Students Completed Level								

Honors Report (Offer & Complete at least 2)

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Pathfinder Yearly Planning Form



- Plan how you will recruit** new members and retain previous members.
- Administration: Plan to attend your **church board** meeting and submit your calendar dates and events for approval in advance. Board approval grants you insurance coverage for your events.
- Update your **club handbook** that contains information about your club, your policies, and procedures.
- Consider the **expenses** you will have. Plan now for **fundraising**.

Club	Year
Yearly Theme	Mission Vision Goals

Monthly Schedule/Routine (activities/outings/events, honors, Investiture Achievement, service/outreach, etc)

1st Week	
2nd Week	
3rd Week	
4th Week	
5th Week	
Weekend	
Other	

Meeting Schedule/Routine (club worship, pledges, record keeping/points, activities, etc)

Time	Activity

Staff Roles & Responsibilities

(supervision, worship leader, IA class teachers, honor instructors, fundraisers, supplies managers, communications/social media, record keeping, uniform manager, safety drill officer, etc)

Staff Member (Include TLTs)	Role / Responsibility

Year at a Glance (as you plan, think about incorporating the activities from “Path to Excellence”)

Quarter 1	July	August	September
Quarter 2	October	November	December
Quarter 3	January	February	March
Quarter 4	April	May	June

Pathfinder Monthly Planning Form

Weekly Club Meetings (Use Weekly Planning Form for More In-Depth Planning)

Date	Location	Agenda Overview

Service Project:

Project:	Board Approved?	Date:	Where?	Transportation Needs:
Person(s) in Charge / Description of Duties:				
Supplies Needed: (Costs, Etc)			Notes:	

Special Outing or Activity:

Project:	Board Approved?	Date:	Where?	Transportation Needs:
Person(s) in Charge / Description of Duties:				
Supplies Needed: (Costs, Etc)			Notes:	

Pathfinder Annual Review Info

Purpose: Annual Reviews, formerly known as “formal inspections”, are designed to help the club strive for excellence and to help them refocus on core values yearly by assessing the Pathfinder Club’s ability to follow the Pathfinder Law. Pathfinders and staff should prepare and look forward to their review as a time to present their skills, highlight their accomplishments, and show their compliance. Directors should contact their Area Coordinator to schedule an annual review.



Scoring for Categories & Indicators: The categories on the review form are designed around the core values of Pathfinding, the Pathfinder Law. Each category is broken down into specific indicators. Each indicator will be scored from 1 to 3 (3 - Excellent 2 - Average 1 - Needs Improvement 0 - No Evidence). These scores will be added for an overall total. Awards will be presented based on the following:

Gold:	Excellent	60+ Points
Silver:	Average	55-59 Points
Bronze:	Satisfactory	50-54 Points
Participation Certificate:		49 Points or less

Presentations: Some indicators require a presentation. The purpose of this is to show that the club has an active and quality program by reporting accomplishments. Presentations should always be performed by the club members, not the staff, and should be simple but planned and rehearsed. Make use of this opportunity to help Pathfinders learn the valuable life skill of public speaking. Reviewers will determine the score for the presentation based on content and quality. Props, visual aids, and technology used in the presentations are welcome and encouraged.

Rewards: The reviewer should award the club a ribbon and certificate. Club directors should arrange for the club to be recognized in front of the church family and should plan ahead to offer incentives for their club to perform well.

Pathfinder Club Annual Review

To be completed yearly by area coordinator while visiting the local club.

Club Name		Date:	
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Must be complete to score at any level:

- Membership Applications & Consent to Treat Forms are Available for each Pathfinder Club Member
- Volunteer Applications & Verified Volunteers Certificates are Available for Each Staff Member
- Club is registered with the conference

3 - Excellent 2 - Average 1 - Needs Improvement 0 - No Evidence

Keep the Morning Watch / Walk Softly in the Sanctuary	Category Total
<input type="checkbox"/> Pathfinders are Involved in Conducting Opening Worship ____ <input type="checkbox"/> Opening Prayer is Conducted by a Pathfinder ____ <input type="checkbox"/> Closing Prayer is Conducted by a Pathfinder ____ <input type="checkbox"/> Pathfinders and Staff are Attentive and Participate during Worship ____ <input type="checkbox"/> Pathfinder Pledge & Law is Displayed and Recitation is Led by a Pathfinder ____	
Do My Honest Part / Go on God's Errands	Category Total
<input type="checkbox"/> Meeting has been Planned Ahead of Time and Schedule/Agenda is Provided ____ <input type="checkbox"/> A Calendar of Upcoming Events is Posted ____ <input type="checkbox"/> Club Banner, Pathfinder Flag, and American Flag are Properly Displayed ____ <input type="checkbox"/> Pathfinders give a Presentation on Honors that have been Earned ____ <input type="checkbox"/> Pathfinders give a Presentation on Progress made in Investiture Achievement ____ <input type="checkbox"/> Pathfinders give a Presentation about a Recent Field Trip ____ <input type="checkbox"/> Pathfinders give a Presentation on a Recent Service/Mission/Evangelism Project ____ <input type="checkbox"/> TLT's give a Presentation on their Involvement in Club (optional) ____	
Care for My Body / Keep a Song in my Heart	Category Total
<input type="checkbox"/> Emergency Drill Plans are Available and have been Practiced ____ <input type="checkbox"/> Pathfinder Meeting Area is Clean, Orderly, and Safe (First Aid Kit/Fire Extinguisher) ____ <input type="checkbox"/> Pathfinder Club is Presented in Uniform that is Neat, Clean, & Properly Worn ____ <input type="checkbox"/> Pathfinders Have a Good Attitude ____	
Keep a Level Eye / Be Courteous & Obedient	Category Total
<input type="checkbox"/> Discipline is Handled Discreetly ____ <input type="checkbox"/> Positive Behaviors are Praised ____ <input type="checkbox"/> Pathfinders Listen and Follow Directions Promptly ____ <input type="checkbox"/> Pathfinders, Staff, and Inspector show Mutual Courtesy and Respect ____	

Total Points Scored	Level Awarded	Praises	Recommendations
____ / 63	<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze		

Inspector's Signature: _____ Club Director's Signature: _____ Date: _____

Emergency Drills

Create a plan for how to handle emergency situations. Implement the plan by doing drills once each quarter.
Record the date each drill is practiced below. Information and tips can be found at
<https://adventistrisk.org/en-US/Safety-Resources>

Fire Drill Plan (*attach an exit diagram)

Fire Drill Date	

Tornado Drill Plan

Tornado Drill Date	

Intruder Drill Plan

Intruder Drill Date	

Pathfinder Investiture Sheet

Name: _____

Investiture Achievement Level Completed:	
Year:	



Honors Completed	
1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

Pathfinder's Other Achievements: (Pathfinder of Year, TLT, Excellence Award, Certificates, School-Related Awards, Personal Accomplishments)	

(Use Instructions: Print on Cardstock. Fill Out. Attach all patches, pins, etc in ziploc-type bag.)

“Path to Excellence” Area Coordinator’s Quarterly Report

NOTE TO DIRECTORS: *This document is only for area coordinators. It is included in this packet so you are aware of the duties and responsibilities of your area coordinator.*



Purpose: The area coordinator’s “Path to Excellence” quarterly report is designed specifically to help the area coordinator strive for excellence in their Pathfinder ministry. Keep in mind that this is a “*path*” to excellence, and achieving higher levels may feel difficult at first. Attaining excellence often happens slowly and requires a growth mindset.

Area coordinators should fill out the “Path to Excellence Director’s Report” once each quarter and submit it to the area coordinator before the designated time. AC’s should review the report checklist often and keep a copy for their own records to mark things off as they are completed. Planning and staying on track is key.

Scoring: The Area Coordinator and the conference director should schedule a yearly assessment meeting. Together the AC and the conference director will decide the rating that is deserved for each AC. To help determine this, AC’s should come prepared with their completed checklists and evidence to validate their accomplishments. As Christian leaders, remember to maintain your integrity as you consider which level of accomplishment you have achieved.

Awarding: The final overall award level will be assigned by the Conference Director and a certificate will be issued to the director based on the following:

- **Gold Level Area Coordinator:**
 - Quarterly reports were 100% completed with evidence to support all accomplishments.
 - All 4 quarterly reports were submitted on time.
 - More than 2 items from the “Visitation” checklist completed each quarter.
 - More than 1 from the “Activity” checklist completed each quarter
- **Silver Level Area Coordinator:**
 - Quarterly task checklist 90% completed with evidence to support all accomplishments.
 - At least 3 quarterly reports were submitted on time.
 - Minimum number of items from “Activity” & “Visitation” checklist completed each quarter
- **Bronze Area Coordinator:**
 - Quarterly task checklist 80% completed with evidence to support all accomplishments.
 - At least 2 reports were partially submitted on time.
 - At least 1 item from the “Visitation” checklist completed each quarter.
 - At least 3 items from the “Activity” checklist completed over the course of the year.

Quarter 1 - Due September 30
“Path to Excellence”
Quarterly Area Coordinator’s Report

To be completed by the area coordinator and submitted to the conference director each quarter.



Name		Ministry	<input type="checkbox"/> Pathfinder <input type="checkbox"/> Adventurer <input type="checkbox"/> Other	Year	
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Quarter 1 Tasks:

- Contact the director of every club in your area for a quarterly check-in and/or conduct a meeting with all area club directors to coordinate and review plans.
- Attach a copy of the “Path to Excellence” director reports you received last quarter (Quarter 4)
- Obtain a list of all registered clubs in your area from the conference office. Contact clubs that were registered last year but haven’t registered yet.
- Contact the pastor of churches in your area without a club to promote club ministry.
- Participate in and promote the ArkLa Club Ministries Leadership Training Conference.

Visitation Report: (Complete at least 2 & document below)

- Attend a Club’s Pathfinder/Adventurer Sabbath
- Attend a Club’s regular meeting
- Attend a Club’s Induction or Investiture
- Give a presentation at a church without a club to promote club ministry
- Other (ask conference director)

Visitation Type	Date	Summary

Activity Report: (Complete at least 1 & document below)

- Conduct an area wide event.
- Participate in World Pathfinder/Adventurer Day
- Teach an honor/award class in an area club
- Assist Staff to complete an AYMT course
- Submit an article to The Record
- Other (ask conference director)

Activity	Date	Summary

Quarter 2 - Due December 31
“Path to Excellence”
Quarterly Area Coordinator’s Report

To be completed by the area coordinator and submitted to the conference director each quarter.



Name		Ministry	<input type="checkbox"/> Pathfinder <input type="checkbox"/> Adventurer <input type="checkbox"/> Other	Year	
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Quarter 2 Tasks:

- Contact the director of every club in your area for a quarterly check-in.
- Attach a copy of the “Path to Excellence” director reports you received last quarter (Quarter 1)
- Participate in and promote a conference level event.

Visitation Report: (Complete at least 2 & document below)

- Attend a Club’s Pathfinder/Adventurer Sabbath
- Attend a Club’s regular meeting
- Attend a Club’s special event/outing
- Give a presentation at a church to promote club ministry
- Other (ask conference director)

Visitation Type	Date	Summary

Activity Report: (Complete at least 1 not previously done this year & document below)

- Conduct an area wide event.
- Participate in World Pathfinder/Adventurer Day
- Teach an honor/award class in an area club
- Assist Staff to complete an AYMT course
- Submit an article to The Record
- Other (ask conference director)

Activity	Date	Summary

Quarter 3 - Due March 31
“Path to Excellence”

Quarterly Area Coordinator’s Report

To be completed by the area coordinator and submitted to the conference director each quarter.



Name		Ministry	<input type="checkbox"/> Pathfinder <input type="checkbox"/> Adventurer <input type="checkbox"/> Other	Year	
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Quarter 3 Tasks:

<input type="checkbox"/> Contact the director of every club in your area for a quarterly check-in. <input type="checkbox"/> Attach a copy of the “Path to Excellence” director reports you received last quarter (Quarter 2) <input type="checkbox"/> Participate in and/or promote conference level events. <input type="checkbox"/> Begin scheduling each club’s annual review <input type="checkbox"/> Begin scheduling each director’s Path to Excellence yearly assessment and scoring

Visitation Report: (Complete at least 2 & document below)

- Attend a Club’s Pathfinder/Adventurer Sabbath
- Attend a Club’s regular meeting
- Attend a Club’s special event/outing
- Give a presentation at a church to promote club ministry
- Other (ask conference director)

Visitation Type	Date	Summary

Activity Report: (Complete at least 1 not previously done this year & document below)

- Conduct an area wide event.
- Participate in World Pathfinder/Adventurer Day
- Teach an honor/award class in an area club
- Assist Staff to complete an AYMT course
- Submit an article to The Record
- Other (ask conference director)

Activity	Date	Summary

Quarter 4 - Due June 30 "Path to Excellence" Quarterly Area Coordinator's Report

To be completed by the area coordinator and submitted to the conference director each quarter.



Name		Ministry	<input type="checkbox"/> Pathfinder <input type="checkbox"/> Adventurer <input type="checkbox"/> Other	Year	
-------------	--	-----------------	--	-------------	--

Quarter 4 Tasks:

- Contact the director of every club in your area for a quarterly check-in.
 - Attach a copy of the "Path to Excellence" director reports you received last quarter (Quarter 3)
 - Meet with the conference director to complete your yearly "Path to Excellence" assessment & scoring.

Visitation Report: (These can be completed in the 3rd or 4th quarter)

- Conduct an annual review for each club in your area.
- Complete the yearly "Path to Excellence" assessment & scoring for each director in your area.

Club	Date	Annual Review Score	Director's Path to Excellence Score

Arkansas-Louisiana Conference Pathfinder-Adventurer Council Constitution

Revised 9-2017

I. GUIDELINES AND PROCEDURES

- A. Arkansas-Louisiana Conference Pathfinder Adventurer Council (PAC)
- B. Constitution and existence of the Arkansas-Louisiana Conference Administration
- C. Conference Adventurer / Pathfinder 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 Adventurer and Pathfinder materials and information to the PAC membership and related information to the ARKLA Conference Adventurer and Pathfinder 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 Adventurer / Pathfinder Director or Associate, as he/she deems fit



II. MEMBERSHIP

- A. Area Coordinator and Associate Area Coordinator, two (2) Pathfinder representatives and one (1) Adventurer representative, one (1) Teen Leadership Trainee (TLT ages between 15-19 years) from each area along with one (1) overall Teen Leadership Trainee (TLT) Coordinator will comprise membership. (Exception is where no qualified person is in that area or insufficient clubs)
- B. Each member will serve for two (2) consecutive years. The years to serve will be staggered within each area so as to not completely change representation each election time. TLT members will serve a one (1) year term. Nominations come for the designated Area Coordinators and approved by the Pathfinder Adventurer Council.
- C. Requirements:
 1. Attending less than ¾ of duly called meetings can result in membership discipline by the council.
 2. Membership shall be limited to persons active in the ARKLA Adventurer / Pathfinder 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 Adventurer / Pathfinder Leadership Seminar by their area constituency.
 2. Names of candidates shall be submitted to the area coordinators by any local Adventurer or Pathfinder 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 vacancies 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 Adventurer / Pathfinder Director or his/her assistant. The elected replacement member will serve out the balance of the term of the office.

III. OFFICERS

- A. The election of the PAC officers will take place at the first meeting of the Adventurer / Pathfinder 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 Adventurer / Pathfinder 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) Adventurer / Pathfinder Leadership Convention
 - b) Camporees
 - c) Teen Leadership Training
 - d) Honor Festivals or Fairs and Fun Days
 - e) Bible Bowls
 - f) Any other major programs affecting Conference Club programming
 - 3. Review nominations and selecting Pathfinder or Adventurer Hall of Fame award recipients.

V. ADVENTURER AND PATHFINDER AREA COORDINATOR AND ASSOCIATE AREA COORDINATOR

- A. Area Coordinators and Associate Area Coordinators are appointed by the Conference Adventurer / Pathfinder Director and ratified by the Pathfinder Adventurer Council (PAC).
- 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 any Coordinator by a required two-thirds (2/3) vote at any time necessary after a thorough investigation by the Conference Adventurer / Pathfinder Director or his/her assistant.
- E. Serve as a voting member of the PAC.

VI. JOB DESCRIPTIONS

- A. BASIC
 - 1. The Arkansas-Louisiana Conference Adventurer / Pathfinder Director authorizes the Area Coordinator and Associate Area Coordinator to serve in the following capacities:
 - a) Encourage each church in his/her area to select Adventurer or Pathfinder Directors and begin a regular Adventurer and Pathfinder programs, and to assist them in doing so.
 - b) Visit Clubs in his/her area enough to become familiar with their programs.
 - c) Attend Adventurer or Pathfinder Coordinator meetings and Pathfinder Adventurer Council meetings to assist in planning the Conference Sponsored Programs.
 - d) Assist the Conference Adventurer / Pathfinder Director at training courses, investitures, fairs, and other conference or area functions.
 - e) Assist in evaluating area Adventurer or Pathfinder Clubs.
 - f) Support and encourage AY activities in the church schools in the area.
 - 2. AS REQUIRED
 - a) Assist local clubs with such activities as Adventurer / Pathfinder 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 AREA COORDINATORS
 - 1. The Area Coordinator will be assisted in his/her duties by the Associate Area Coordinator of each district.
 - 2. It is preferred, but not required, that the Associate Area Coordinators be active in a local Club.
 - 3. It is preferred, but not required, that Area Coordinators not be active in a local Club.

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.

Nominee Requirements: (An individual cannot nominate themselves)

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.
5. Must have 5 supporting recommendation letters from the following categories of people: Pathfinder, Parent of Pathfinder, Pastor, First Elder, Teacher, Sabbath School Leader, School Board Chairperson, Area Coordinator, and/or Pathfinder Director.

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

Pathfinder Hall of Fame Nominee			
Nominee's Name		Date of Birth	
Home Church		Club Affiliation	

Nominator			
Your Name		Phone	
Relationship to Nominee		Home Church	
Reason for Nomination:			

Letters of Recommendation			
	Recommender	Title	Phone Number
1			
2			
3			
4			
5			

Teen Leader in Training PAC Membership Nomination

Nominee Requirements:

1. Be between 15-19 years of age.
2. Be active in the Teen Leader in Training (TLT) program for at least 1 year prior.
3. Be in good standing with the local club.
4. Submit the nominee's TLT application.
5. Submit 3 letters of recommendation previously obtained with the nominee's TLT application.
6. Special consideration will be given to those who are active in church ministry, have attended a leadership training conference/seminar, are involved in community service, and have a high level of academic achievement.
7. Nominee must be able to attend meetings in Shreveport, LA up to 4 times per year and participate in conference calls. The 1 year term begins in September and is renewed annually.

Nominee Information

First and Last Name:

Date of Birth:

Current Age:

Email:

Phone:

Home Church:

Length of Membership:

Pastor:

Baptized? ___ Yes ___ No

List any church positions/ministries the nominee has been involved with within the last year.

Date	Position / Ministry	Description of your Responsibilities and Duties

List any community service the nominee has participated in within the last year.

Date	Organization	Description of Service

Pathfinder or Adventurer Club leader:

Local Club:

Length of Membership:

Describe the level of involvement the nominee has with the local club.

Other Notes about Nominee:

Approval Signatures:

I _____ recommend the applicant above for membership in the PAC.

Signature of Sponsoring Club Director: _____ Date: _____

I _____ recommend the applicant above for membership in the PAC.

Signature of Sponsoring Church Pastor: _____ Date: _____

Official use:

Approved Date: _____ Denied Date: _____ Area Coordinator: _____

Pathfinder and Adventurer Council's Payment Policy for Pathfinder & Adventurer Events

Pathfinder and Adventurer Staff Training Conference:

Registration fee will be determined yearly and will include programming and meals. Lodging is an additional charge. This charge will be outlined in the event promotional materials.

- Every person in attendance to any portion of this event is required to pay this fee. There is not a discount if you leave early or if you arrive late.
- Spouses and children (age 10 and up), etc. are still required to pay the fee even if they do not attend the classes.
- There is not a discount if you bring your own meals.
- Arrange to make your payment outside the Sabbath hours and before you leave. If payment is not received, your home church/club will be billed.

Discounted Fees will be given only as follows:

- Keynote Speaker - no charge (stay in hotel room)
- Invited Musicians - no charge (up to 4 individuals*)
- PAC members - Half price registration and full price lodging
- Participating Class Teachers/Presenters (Those participating in the event but also teaching a class)- Half price registration and \$10/night lodging credit
- Invited Guests by event coordinator - no charge (up to 5 individuals*)
- Those planning or coordinating the event - no charge (up to 3 individuals*)
- Discounts are cumulative per person.

Teen Leadership Training Weekend:

Registration fee will be determined yearly and will include programming, a t-shirt, lodging in gender segregated cabins, and meals.

- Every person in attendance to any portion of this event is required to pay this fee. There is not a discount if you leave early or if you arrive late.
- Sponsors, spouses, and children (age 10 and up), etc. are still required to pay the fee even if they do not attend the classes.
- There is not a discount if you bring your own meals.
- Arrange to make your payment outside the Sabbath hours and before you leave. If payment is not received, your home church/club will be billed.
- Expect to share your cabin with individuals outside your group.
- If you want alternate accommodations, there will be an additional charge.

Discounted Fees will be given only as follows:

- Keynote Speaker - no charge (stay in hotel room)
- Invited Musicians - no charge (up to 4 individuals*)
- PAC members - Half price registration
- Class Teachers/Presenters - no charge
- Those planning or coordinating the event - No charge (up to 3 individuals)

* event coordinators may increase this number if the conference youth/Pathfinder director agrees

Church Accident Claim Form

Mail to Arkansas-Louisiana Conference, PO Box 31000, Shreveport, LA 71130

To Be Completed by Church Organization:		
Name of Church:		
Church's Address:		
Covered Person's Information:		
Last Name:	First Name:	MI:
Date of Birth:	Sex:	Parent/Guardian:
Address:		Phone:

Details		
Name of Injury/Sickness:		
Date of Injury/Sickness:	Time:	Location:
Did this happen during/at a church sponsored event? _____		
Event Name: _____ Scheduled hours of event: _____ Event Location: _____		
_____ Type of Activities at the Event: _____		
Was claimant supervised when this happened? _____ Did this happen on the premises of the activity? _____		
Did this happen while traveling to or from an event in an authorized vehicle? _____		
How and where did this happen? Please be specific.		
Name of Leader:	Title of Leader:	Phone:
Name of Witness:	Phone:	
Name of Witness:	Phone:	
Name of Witness:	Phone:	
Person Writing/Submitting this Report (if different):		Phone:

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

Signature of Supervisory Official: _____ Title: _____ Date: _____

To Be Completed by Claimant, Parent, or Guardian

Please attach receipts. No check will be given without proper receipt for services.

Make Check Payable to:

Name(s) and Address(es) of Doctor(s):

Name(s) and Address(es) of Hospital(s):

What other insurance and/or health care assistance do you have covering this loss? List the name(s) of provider involved:

Are you enclosing a copy of your company's payment of this claim? _____
Do you or your spouse have any other plan providing medical expense/health care assistance? _____

Name of Employer:
Spouse's Employer:

Phone:
Phone

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, predisposing 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 _____

Notes:

- The 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 regardless of another Plan Providing Medical Expenses Benefits. Additional 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.
- All covered accidental bodily injuries and sickness must be reported 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 the date of the accident.
- Attach Physician's statement and/or itemized billing to this form.

ArkLa Pathfinder & Adventurer Council Directory

2022 PAC Officers

- Chairman Audra Kohltfarber
- Vice Chairman Michael Dunn
- Secretary Annie Hollenbeck



Title	Name	Address	Cell Phone & Email
Conference Youth Director	Pastor David Craig	7025 Greenwood Rd Shreveport, LA 71130	318-631-6240 dcraig@arklac.org
Conference Adventurer Director	Marsha Salzman	1691 Sand Rd. Malvern, AR 72104	501-229-3297 marshasalzman@yahoo.com
Conference Pathfinder Director	Roger Huff	1470 Klenc Rd. Springdale, AR 72762	479-790-3022 jrhuff1@cox.net
Master Guide Coordinator	Brenda Perez	216 Lorado Loop Hot Springs, AR 72913	501-617-7816 wilbrenp@hotmail.com
TLT Coordinator	Audra Kohltfarber	1506 S Breckenridge Lp Rogers, AR 72756	479-790-1898 audrahuff@cox.net
Path/Adv Director Emeritus	Lloyd Clapp	8691 Ike Owen Rd. Decatur, AR 72722	318-347-9910 clappl@tds.net

Southern Louisiana

Title	Name	Address	Cell Phone & Email
Area Coordinator (Pathfinders)	Regina Wilson	1450 A Lobdell Ave Baton Rouge, LA 70806	225-926-7417 rfwilson7@cox.net
Associate AC (Pathfinders)	John Anderson	9634 Deer Run Ave Zachary, LA 70791	johnanderson7@hotmail.com
Representative (Pathfinders)			
Representative (Pathfinders)			
TLT Representative			
Area Coordinator (Adventurers)	Regina Wilson	1450 A Lobdell Ave Baton Rouge, LA 70806	225-926-7417 rfwilson7@cox.net

Associate AC (Adventurers)			
Representative (Adventurers)	Dawn Rampersad	319 Timothy Dr. Lafayette, LA 70503	dawnr761@gmail.com
Representative (Adventurers)			

Southern Arkansas / North Louisiana

Title	Name	Address	Cell Phone & Email
Area Coordinator (Pathfinders)	Stacy Sowers	Inwood Rd. Texarkana, TX 75501	903-559-2252 sjsowers4@yahoo.com
Associate AC (Pathfinders)			
Representative (Pathfinders)	David Grant	464 Ridge Rd. Castor, LA 71116	318-510-8027 davidg.david@gmail.com
Representative (Pathfinders)			
TLT Representative			
Area Coordinator (Adventurers)	Cynda Grant	464 Ridge Rd. Castor, LA 71116	318-505-3540 grand.cynga@gmail.com
Associate AC (Adventurers)			
Representative (Adventurers)	Alice Williams	2409 C E. Galloway Blvd Shreveport, La 72204	318-773-2406 alicewilliams@msn.com
Representative (Adventurers)			

Central Arkansas

Title	Name	Address	Cell Phone & Email
Area Coordinator (Pathfinders)	Pastor Richard Hall	107 Patrick Lee Ct. Hot Springs, AR	501-757-2157 pastorrichardhall@hotmail.com
Associate AC (Pathfinders)	Gloria Gamas Zamudio	4023 S Shackelford Rd., Lot 1 Little Rock, Ar 72204	501-786-4324 gloriagamas0110@hotmail.com
Representative (Pathfinders)	Joan Fos	133 Breckenridge Ct. Pearcy, AR 71964	423-912-7621 joanfos13@gmail.com

TLT Representative	Edwin Alexander UC	Little Rock, AR	501-295-6868 alexuc1621@gmail.com
Area Coordinator (Adventurers)	Annie Hollenbeck	3 Georgeann Circle Sherwood, AR	253-442-3913 annie.hollenbeck@gmail.com
Associate AC (Adventurers)			
Representative (Adventurers)	Joyce Fortner	113 Mountain Valley Dr. Maumelle, AR 72113	501-412-6734 jafortner@gmail.com
Representative (Adventurers)			

Northwest Arkansas

Title	Name	Address	Cell Phone & Email
Area Coordinator (Pathfinders)	Roger Moore	3101 West Hill Ave Harrison, Ar 72601	870-577-3745 rogmoore@cox.net
Associate AC (Pathfinders)	Idalia Parra	P.O.Box 305 Gentry, AR 72734	479-530-3163 idaliaparra@hotmail.com
Representative (Pathfinders)	Danita Mullins	3979 Georgia St. Springdale, AR 72762	479-685-7206 Danita.m77@gmail.com
Representative (Pathfinders)	Michael Dunn	4326 Tara St. Springdale, AR 72763	479-387-0233 dunmic@gmail.com
TLT Representative	Bradley Anderson		918-529-4506 timara_lea@yahoo.com
Area Coordinator (Adventurers)			
Associate AC (Adventurers)	Ana Diaz	124 W Colorado Ave Springdale, Ar 72764	479-799-0323 anlinetllely@yahoo.com
Representative (Adventurers)			
Representative (Adventurers)			