



ARKLA CONFERENCE

MASTER GUIDE

Director's Manual

2024-2025

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## WELCOME

Welcome to ARKLAC Master Guide Ministries. We're excited to share new plans for this coming year. Our theme for 2024-2025 is:

### "CALLED TO SERVE"

This will be the official theme of our first Division-level Camporee in which we will be learning much more about how to dedicate our lives to God and draw new souls to the feet of Jesus our Creator and Redeemer. I will be happy to update you on what has been happening in Club Ministries this year. And some significant changes you'll want to know about.

- 1) Our First Division MG Camporee will be in West Virginia August 6-10, 2025
- 2) We will soon have our first group of Area Coordinators
- 3) Changes to the Division-Level Aspirant Master Guide Portfolio Coming Soon
- 4) God Has Big Plans for His Youth.

It's a pleasure to anticipate the opportunity to connect with you and your team.

Blessings,

*Brenda C. Perez*

*Master Guide Director,*

*SDA ArkLa Conference*

*Ph.: (501)617-7816*

*[arklamasterguides@gmail.com](mailto:arklamasterguides@gmail.com)*

*[www.arklayouth.com/masterguides](http://www.arklayouth.com/masterguides)*



## 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 his interests and skills qualify him for this ministry (according to the criteria of the local church nominating committee), he may occupy this position while completing his MG requirements.

The success and morale of any club will depend largely on the leadership of the club manager, and he/she should be an example of authenticity in his/her relationship with God, fellowship, healthy lifestyle, honesty, and self-control.

The club director must have a vital interest in young people and sympathetically understand their problems. Your life should demonstrate what God can do in young people's lives.

He must be resourceful and enthusiastic, have responsibility, possess an eagerness to recognize new ideas, and show initiative in their implementation. You must be able to work well with your staff and help with any issues that may arise.

Although Adventurer and Pathfinder leaders are also called 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 mentorship for the Adventurer and Pathfinder clubs.

The functions of the director are as follows:

1. You should liaise with the church pastor, youth pastor, sponsoring elder, Pathfinder Club director, and Adventurer's Club director and invite them to participate in programs and events.
2. Stay in touch with the MG director in the conference office and present the reports as needed.
3. Be the president of the executive committee of your own club.
4. Chair the club staff meeting, unless you have designated your deputy director to take charge.
5. Supervise club activities; He/she must convene, organize, and plan for each club meeting.
6. Lead the planning of the total program for the year and produce a calendar of events, which will be given 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 | E. Induction, Investiture & Ceremonies |
| B. Projects, excursions           | F. Bulletins, information forms        |
| C. Camping/ outdoor activities    | G. Discipline                          |
| D. Financial budget, fees,etc     |  |

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

## WHAT'S NEW IN 2024/2025

- 1) God has big plans for His Youth!
- 2) We will soon have our first group of Area Coordinators
- 3) Changes to the Division-Level Aspiring Master Guide Folder Coming Soon!
- 4) Our First Division MG Camporee will be in 2550 Jack Furst Drive  
Glen Jean, West Virginia. August 6-10, 2025

**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/>

# ARKANSAS LOUISIANA MASTER GUIDES

## CALENDAR 2024-2025



July (Julio)	Recruiting Month (Mes de Reclutamiento)
August (Agosto)	Club starts/ Comienzo de Club
August 5-11	Pathfinder International Camporee. Gillette, WY
August 6	Master Guide Day/ Día del Guia Mayor
August 30 <sup>th</sup> (Agosto 30)	Last Day of Registration / Ultimo día de Registración
Sep/Octubre(Sep/Oct.)	Induction Month/Mes de Inducción de Club
September 13-15 (Septiembre)	Innovate Senior Staff weekend/ Innovate Liderazgo CYB
Sep 15-21	Week of the Scarf/ Semana de la Pañoleta
September 28/29	Master Guide Service Day/ Guías Mayores al Servicio
Sep 29-Oct 5 <sup>th</sup> (Sep. 29-05 Oct)	Evangelism Week by MG/ Semana de Evangelismo GM
November 1-3 (Noviembre)	Master Guide Inspired II Workshop/ Inspirados II GM
November 28th	Happy Thanksgiving/ Feliz Día de Acción de Gracias
December 25 <sup>th</sup> (Diciembre 25)	Merry Christmas/ Feliz Navidad
February 16th (Febrero 16)	Honors Day by Area/ Día de Especialidades por Area
April 18-20 (Abril 18-20)	Campout by Areas/ Campamento por Area
May (Mayo)	Investiture Month/Mes de Investiduras
July (Julio)	Recruiting Month (Mes de Reclutamiento)
July 11-13 (Julio 11-13)	Master Guide Inspired I Workshop/ Inspirados I GM
August (Agosto)	Club starts/ Comienzo de Club
August 6	Master Guide Day/ Día del Guia Mayor
August 6-10 (Agosto 6-10)	1rs MG NAD Camporee/ 1ER NAD MG Camporee

**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](mailto:arklamasterguides@gmail.com)



**Conference Youth Director: TBD**

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

Email:

**Secretary: Juliana Mercado**

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

Email: [jmercado@arklac.org](mailto: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](http://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](http://www.arklayouth.com/masterguides)**



ARKANSAS- LOUISIANA CONFERENCE OF SDA

**AREA COORDINATORS**

**NORTH ARKANSAS**

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

**SOUTH LOUISIANA**

**Pr. Jesus Nava  
(225) 433-7128  
navajesus1293@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 Annual 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: \_\_\_\_\_

1st 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.

[illegible]

**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 <a href="https://www.nadadventist.org/asv">https://www.nadadventist.org/asv</a> and provide proof of completion	End Date	

<b>Driver Information</b> (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			

<b>Medications</b>	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Medication name</span> <span>Dose administered</span> <span>Time/Frequency Administered</span> <span>Reason for administration</span> </div>     
Health history	<div style="font-size: 0.8em;"> <input type="checkbox"/> Asthma   <input type="checkbox"/> Hay Fever   <input type="checkbox"/> Sinusitis   <input type="checkbox"/> Ear pain   <input type="checkbox"/> Ear Tubes   <input type="checkbox"/> Fainting  <input type="checkbox"/> Tuberculosis   <input type="checkbox"/> Diarrhea   <input type="checkbox"/> Wetting the bed   <input type="checkbox"/> Nephropathy   <input type="checkbox"/> Constipation  <input type="checkbox"/> Stomach pain   <input type="checkbox"/> Diabetes   <input type="checkbox"/> Somnambulism   <input type="checkbox"/> Epilepsy   <input type="checkbox"/> Rheumatic fever  <input type="checkbox"/> Heart Problem   <input type="checkbox"/> Lenses/Contacts   <input type="checkbox"/> Menstrual problems   <input type="checkbox"/> Allergy to bee sting  <input type="checkbox"/> Allergy to poison oak/ivy   <input type="checkbox"/> Other:  <input type="checkbox"/> Past Illnesses / Hospitalization / Surgeries         </div>
Immunizations	<div style="font-size: 0.8em;"> <input type="checkbox"/> DTP Series   <input type="checkbox"/> Polio/OOPV   <input type="checkbox"/> Measles   <input type="checkbox"/> German measles/rubella   <input type="checkbox"/> Tetanus  <input type="checkbox"/> Tuberculosis Test   <input type="checkbox"/> Mumps   <input type="checkbox"/> Chickenpox   <input type="checkbox"/> Other:         </div>
Blood Type	
¿Other health information?	

<b>Emergency Contact 1</b>			
Name		Cell	
Phone Number		Relation	
<b>Emergency Contact 2</b>			
Name		Cell	
Phone Number		Relation	
<b>Emergency Contact 3</b>			
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.

[illegible]

## Church Accident Claim Form

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

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

<b>To be completed by the church organization:</b>		
Church Name: _____		
Church Address: _____		
<b>Covered Person Information:</b>		
Last Name: _____	Name: _____	Middle Initial: _____
Date of birth: _____	Sex: _____	Parent/Guardian: _____
Address: _____		Cell: _____
<b>Details Name of Injury/Disease:</b>		
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: \_\_\_\_\_

<b>To be completed by the claimant, parent, or guardian</b> 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: \_\_\_\_\_

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