



# Adventurer

## Director's Packet

**Arkansas-Louisiana Conference**  
Revised August 2022

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# Support Information

**Conference Adventurer Director: Marsha Salzman**

Cell #: 501-229-3297

Home #: 501-337-1026

Email: marshasalzman@yahoo.com

**Youth Secretary: Juliana Mercado**

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

Email: sdowns@arklac.org

**Conference Youth Director: David Craig**

Phone # (318) 631-6240 ext 114 Fax # (318) 631-7611

Email: dcraig@arklac.org

**Conference Adventist Risk Management Representative (Treasury Dept): Rodney Dykes**

Phone # (318) 631-6240

**Arkansas-Louisiana Conference of Seventh-day Adventists**

7025 Greenwood Road, Shreveport, LA 71119

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

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

**Adventurer Uniform Guidelines & Ordering** <https://www.adventurer-club.org/>

**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>

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

# Adventurer 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, 7025 Greenwood Rd, Shreveport, LA 71119

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

## **The Purpose of Adventurers is:**

- To strengthen the parent/child relationship.
- To further the child's development in spiritual, physical, mental, and social areas.
- To have the home and church work together to develop a mature and happy child.

## **The Church's Commitment to Adventurers:**

We, the undersigned, have read, understand, and are in full agreement with the above Philosophy of Adventurers. 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:** \_\_\_\_\_



# 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: _____	
<b>Church/Club</b>			
<b>Last Name</b>		<b>First Name</b>	
<b>Birthdate</b>		<b>Phone</b>	
<b>Address</b>			
<b>Email</b>			
<b>Marital Status</b>		<b>Name of Spouse</b>	
<b>Name/Age of Children</b>			
<b>Religious Affiliation</b>		<b>Home Church</b>	
<b>Degree(s) Held &amp; Date Received</b>		<b>Institution Granting Degree</b>	
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:			
<b>Pastor:</b>	<b>City:</b>	<b>State:</b>	<b>Phone:</b>
<b>Name:</b>	<b>City:</b>	<b>State:</b>	<b>Phone:</b>
<b>Name:</b>	<b>City:</b>	<b>State:</b>	<b>Phone:</b>

Adventist Screening Verification	
Every adult age 18+ should 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.	<b>Date Completed</b>

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 18+ 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. <b>NOTE:</b> Volunteer staff can not begin work until their background and driving record checks have cleared.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>
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Official Use:    \_\_\_ Recommended    \_\_\_ Not Recommended    Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Notes: \_\_\_\_\_

# Volunteer Staff Medical Information

Each staff member should complete the following form.

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

<b>Name:</b>	
--------------	--

Health Information			
<b>Food Allergies</b>		<b>Medication Allergies</b>	
<b>Physical Restrictions</b>		<b>Medical Conditions</b>	
<b>Diet Restrictions</b>		<b>Physician (Name &amp; Phone)</b>	
<b>Insurance Company</b>		<b>Insurance Policy Number</b>	
<b>Preferred Local Hospital</b>			
<b>Current Medications</b>	Medication Name	Dose Administered	Time/Frequency Administered
			Reason for Administration
<b>Health History</b>	<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: _____		
<b>Past Illness / Hospitalization / Surgeries</b>			
<b>Immunizations</b>	<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: _____		
<b>Other Health Information?</b>			

Emergency Contact 1			
<b>Name</b>		<b>Phone 2</b>	
<b>Phone</b>		<b>Relationship</b>	

Emergency Contact 2			
<b>Name</b>		<b>Phone 2</b>	
<b>Phone</b>		<b>Relationship</b>	



# 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, wipers 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.**

<b>Name of Applicant</b>	
<b>Church / Club</b>	

<b>#1 Reference's Name</b>	
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	

<b>#2 Reference's Name</b>	
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	

<b>#3 Reference's Name</b>	
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:** \_\_\_\_\_



# Adventurer Membership Application

This confidential information will be kept for Club use only.



## Membership Requirements:

- Be at least 4 or in Grades 1-4
- Faithfully attend scheduled club activities with a parent
- Agree to follow the guidelines set forth by the local club including paying fees
- Follow the Adventurer Pledge (*Because Jesus loves me, I will always do my best.*)
- Follow the Adventurer Law (*Be obedient. Be pure. Be true. Be kind. Be respectful. Be attentive. Be helpful. Be cheerful. Be thoughtful. Be reverent.*)

Child's Personal Information		Application Date: _____	
Last Name		First Name	
Birthdate		Age	
Grade		School	
Home Address			
Baptized?		Baptism Date	
Religious Affiliation		Home Church	
Other Personal Information?			

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 Administering Reason for
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 connections with the activities of the Adventurer 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 Adventurer organization and will encourage him/her to take part in all club activities. I agree to pay the fee required for Adventurer membership with the conference. Permission for photo copying this information and health record is granted for use by the Adventurer 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: \_\_\_\_\_

# Adventurer 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 Adventurer 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 Adventurer Points Record



The purpose of the points system is to help each Adventurer strive for excellence and refocus them on following the Adventurer 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 15 point categories and each is based on the Adventurer Law. Points categories and descriptions should be posted and well-known by your Adventurers. There are several ways to earn points for each category. It is the leader's discretion as to how many points are awarded per category during each meeting or event. **If you don't see something in the category description specifically, then it is not point worthy.**

Key	Category	Earn a Point By:
O	Be Obedient & Attentive	Following directions the first time you are asked. Listen quietly when others are speaking.
P	Be Pure & True	Think about Good things. Tell the Truth. Take care of your body.
K	Be Kind & Thoughtful	Share. Use kind words. Pray for others.
H	Be Helpful & Cheerful	Help others. Have a good attitude.
R	Be Reverent & Respectful	Be quiet and walk in the sanctuary Take good care of materials

**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 Adventurers and serve as an incentive. **Due to the developmental stage of our Adventurers, merely working toward achieving "Adventurer of the Year" is hard to comprehend without a visual or contingent object. Posting points and referencing the points regularly reinforces the child's perception of the goal in mind. Rewarding a child for achieving points along the way keeps the child interested in continuing a reach for the goal.**





# Adventurer Club 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 Adventurer Club's ability to follow the Adventurer Law. Adventurers 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 are to 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 Adventuring, the Adventurer 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:

<b>Gold:</b>	Excellent	60+ Points
<b>Silver:</b>	Average	55-59 Points
<b>Bronze:</b>	Satisfactory	50-54 Points
<b>Participation Certificate:</b>		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 Adventurers, but with the help and guidance of staff and parents. They should be simply done in a "show and tell" style, but planned and rehearsed. Make use of this opportunity to help Adventurers learn the valuable skill of communicating with others. Reviewers will determine the score for the presentation based on content and quality. Props and visual aids 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.

# Adventurer Club Annual Review

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



<b>Club Name</b>		<b>Date:</b>	
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**Must be complete to score at any level:**

- Membership Applications & Consent to Treat Forms are Available for each Adventurer 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

Be Pure / Be Reverent / Be Attentive	Category Total
<input type="checkbox"/> Adventurers are Involved in Conducting Opening Worship ____ <input type="checkbox"/> Opening & Closing Prayer is Conducted by an Adventurer ____ <input type="checkbox"/> Adventurer Pledge and Law are displayed and recitation is led by an Adventurer ____ <input type="checkbox"/> Adventurers, staff, and parents are attentive and participate during worship ____ <input type="checkbox"/> Adventurers recite Bible texts from classwork ____ <input type="checkbox"/> Adventurers give a Presentation of an award that have been earned ____ <input type="checkbox"/> Adventurers give a Presentation on Progress made in classwork ____ <input type="checkbox"/> Adventurers give a Presentation about a Recent Field Trip ____ <input type="checkbox"/> Adventurers give a Presentation on a Recent Service/Mission/Evangelism Project ____	
Be Obedient / Be Respectful / Be True	Category Total
<input type="checkbox"/> Adventurer Club is Presented in Uniform Attire that is Neat, Clean, & Properly Worn <input type="checkbox"/> Adventurer Meeting Area is Clean, Orderly, and Safe (First Aid Kit/Fire Extinguisher) <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, Flags, Pledge, and Law are Properly Displayed <input type="checkbox"/> Emergency Drill Plans are available and have been Practiced <input type="checkbox"/> Adventurers are recognized for their achievements	
Be Kind / Be Helpful / Be Cheerful / Be Thoughtful	Category Total
<input type="checkbox"/> Adventurers show participation and appropriate behavior during meeting <input type="checkbox"/> Discipline is Handled Discreetly <input type="checkbox"/> Positive Behaviors are Praised <input type="checkbox"/> Adventurer Points Categories are Displayed <input type="checkbox"/> Attendance is Taken & Points are Awarded	

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

Inspector's Signature: \_\_\_\_\_ Club Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

<b>Director’s Name</b>		<b>Club Name</b>		<b>Year</b>	
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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. 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 3 & document below)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Offer a recruiting event         | <input type="checkbox"/> Do an activity with another club | <input type="checkbox"/> Participate in church service     |
| <input type="checkbox"/> Offer an outdoor family activity | <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"/> Other (ask your area coordinator) |
| <input type="checkbox"/> Do an outreach event             | <input type="checkbox"/> Staff complete AYMT course       |  |
| <input type="checkbox"/> Complete a service project       | <input type="checkbox"/> Hold an Adventurer Sabbath       |  |

Event/Activity	Date	Summary

**Membership Report**

	Club Members (kids)	Staff (age 18+)
Number Registered (on roster)		
Average Number Attending		

**Curriculum Report**

	Little Lamb	Eager Beaver	Busy Bee	Sunbeam	Builder	Helping Hand
Teacher(s)						
Class Time(s)						
Number Students Enrolled						

**Awards Report (Offer & Complete at least 2)**

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**Quarter 2 - Due December 31**  
**“Path to Excellence”**



# Quarterly Adventurer Director’s Report

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

<b>Director’s Name</b>		<b>Club Name</b>		<b>Year</b>	
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**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 3 & document below)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Offer an outdoor family activity | <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"/> Invite a guest speaker/teacher    |
| <input type="checkbox"/> Complete a service project       | <input type="checkbox"/> Hold an Adventurer Sabbath      | <input type="checkbox"/> Other (ask your area coordinator) |
| <input type="checkbox"/> Do an activity with another club | <input type="checkbox"/> Participate in church service   |  |

Event/Activity	Date	Summary

**Membership Report**

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

**Curriculum Report**

	Little Lamb	Eager Beaver	Busy Bee	Sunbeam	Builder	Helping Hand
Number Students On-Track to Complete Level						

**Awards Report (Offer & Complete at least 2)**

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**Quarter 3 - Due March 31**  
**“Path to Excellence”**



# Quarterly Adventurer Director’s Report

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

<b>Director’s Name</b>		<b>Club Name</b>		<b>Year</b>	
------------------------	--	------------------	--	-------------	--

**Quarter 3 Tasks:**

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

**Activity List: (Complete at least 3 & document below)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Offer an outdoor family activity | <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"/> Invite a guest speaker/teacher    |
| <input type="checkbox"/> Complete a service project       | <input type="checkbox"/> Hold an Adventurer Sabbath      | <input type="checkbox"/> Other (ask your area coordinator) |
| <input type="checkbox"/> Do an activity with another club | <input type="checkbox"/> Participate in church service   |  |

Event/Activity	Date	Summary

**Membership Report**

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

**Curriculum Report**

	Little Lamb	Eager Beaver	Busy Bee	Sunbeam	Builder	Helping Hand
Number Students On-Track to Complete Level						

**Awards Report (Offer & Complete at least 2)**

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Quarter 4 - Due June 30

# “Path to Excellence”

## Quarterly Adventurer Director’s Report

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



<b>Director’s Name</b>		<b>Club Name</b>		<b>Year</b>	
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### Quarter 4 Tasks:

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

### Activity List: (Complete at least 3 & document below)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Offer a recruiting event         | <input type="checkbox"/> Complete a service project       | <input type="checkbox"/> Hold a Adventurer Sabbath         |
| <input type="checkbox"/> Participate World Adventurer Day | <input type="checkbox"/> Do an activity with another club | <input type="checkbox"/> Participate in church service     |
| <input type="checkbox"/> Offer an outdoor family activity | <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"/> Other (ask your area coordinator) |

Event/Activity	Date	Summary

### Membership Report

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

### Curriculum Report

	Little Lamb	Eager Beaver	Busy Bee	Sunbeam	Builder	Helping Hand
Number Students Completed Level						

### Awards Report (Offer & Complete at least 2)

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# Adventurer 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, awards, curriculum, 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	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

# 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)

<b>Fire Drill Date</b>	

## Tornado Drill Plan

<b>Tornado Drill Date</b>	

## Intruder Drill Plan

<b>Intruder Drill Date</b>	

# Adventurer Investiture Sheet

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

<b>Class Level Completed:</b>	
<b>Year:</b>	



Awards Completed	
<b>1.</b>	<b>9.</b>
<b>2.</b>	<b>10.</b>
<b>3.</b>	<b>11.</b>
<b>4.</b>	<b>12.</b>
<b>5.</b>	<b>13.</b>
<b>6.</b>	<b>14.</b>
<b>7.</b>	<b>15.</b>
<b>8.</b>	<b>16.</b>

Adventurer's Other Achievements:	

(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.



<b>Name</b>		<b>Ministry</b>	<input type="checkbox"/> Pathfinder <input type="checkbox"/> Adventurer <input type="checkbox"/> Other	<b>Year</b>	
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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 Pathfinder & Adventurer Staff 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.



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

**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.



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

**Quarter 3 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 2)
- Participate in and/or promote conference level events.
- Begin scheduling each club’s annual review
- 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.



<b>Name</b>		<b>Ministry</b>	<input type="checkbox"/> Pathfinder <input type="checkbox"/> Adventurer <input type="checkbox"/> Other	<b>Year</b>
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**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.

<b>Club</b>	<b>Date</b>	<b>Annual Review Score</b>	<b>Director’s Path to Excellence Score</b>



# 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  $\frac{3}{4}$  of duly called meetings can result in membership discipline by the council.
  - 2. Membership shall be limited to persons active in the ARKLA 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 vacancy on the PAC by a required two thirds (2/3) vote at any time necessary after a thorough investigation of the candidate by the Conference 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/Adventurer 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			

# Church Accident Claim Form

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

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

<b>Details</b>		
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:

Phone:

Spouse's Employer:

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, pre-disposing or pre-existing condition. I hereby authorize any physician or hospital who has treated the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.**

Signature of Claimant, Parent, or Guardian \_\_\_\_\_ Date of Signature \_\_\_\_\_

Address of Claimant, Parent, or Guardian \_\_\_\_\_

**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 is 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.

# 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

# ArkLa Pathfinder & Adventurer Council Directory

## 2022 PAC Officers

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



Title	Name	Address	Cell Phone & Email
<b>Conference Youth Director</b>	Pastor David Craig	7025 Greenwood Rd Shreveport, LA 71130	318-631-6240 dcraig@arklac.org
<b>Conference Adventurer Director</b>	Marsha Salzman	1691 Sand Rd. Malvern, AR 72104	501-229-3297 marshasalzman@yahoo.com
<b>Conference Pathfinder Director</b>	Roger Huff	1470 Klenc Rd. Springdale, AR 72762	479-790-3022 jruff1@cox.net
<b>Master Guide Coordinator</b>	Brenda Perez	216 Lorado Loop Hot Springs, AR 72913	501-617-7816 wilbrenp@hotmail.com
<b>TLT Coordinator</b>	Audra Kohltfarber	1506 S Breckenridge Lp Rogers, AR 72756	479-790-1898 audrahuff@cox.net
<b>Path/Adv Director Emeritus</b>	Lloyd Clapp	8691 Ike Owen Rd. Decatur, AR 72722	318-347-9910 clappl@tds.net

## Southern Louisiana

Title	Name	Address	Cell Phone & Email
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<b>Representative (Pathfinders)</b>			
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<b>TLT Representative</b>			
<b>Area Coordinator (Adventurers)</b>	Regina Wilson	1450 A Lobdell Ave Baton Rouge, LA 70806	225-926-7417 rfwilson7@cox.net

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

### Southern Arkansas / North Louisiana

<b>Title</b>	<b>Name</b>	<b>Address</b>	<b>Cell Phone &amp; Email</b>
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<b>Representative (Pathfinders)</b>			
<b>TLT Representative</b>			
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<b>Representative (Adventurers)</b>	Alice Williams	2409 C E. Galloway Blvd Shreveport, La 72204	318-773-2406 alicewilliams@msn.com
<b>Representative (Adventurers)</b>			

### Central Arkansas

<b>Title</b>	<b>Name</b>	<b>Address</b>	<b>Cell Phone &amp; Email</b>
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<b>Associate AC (Pathfinders)</b>	Gloria Gamas Zamudio	4023 S Shackelford Rd., Lot 1 Little Rock, Ar 72204	501-786-4324 gloriagamas0110@hotmail.com
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<b>Area Coordinator (Adventurers)</b>	Annie Hollenbeck	3 Georgeann Circle Sherwood, AR	253-442-3913 annie.hollenbeck@gmail.com
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### Northwest Arkansas

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<b>Representative (Pathfinders)</b>	Michael Dunn	4326 Tara St. Springdale, AR 72763	479-387-0233 dunmic@gmail.com
<b>TLT Representative</b>	Bradley Anderson		918-529-4506 timara_lea@yahoo.com
<b>Area Coordinator (Adventurers)</b>			
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<b>Representative (Adventurers)</b>			
<b>Representative (Adventurers)</b>			