

2016-2017 Adventurer Secretary Packet



Table of Content

- Certificate of Charter and Yearly Awards page
- Club charter application Part 1-5
- Monthly reports and Monthly news
- Investiture Request Form
- Final Report

Important information to remember:

1. Submit Certification Application forms no later than **October 10, 2016**
2. Mail, fax or deliver the individual monthly reports by the **10th of each month.**
3. Be sure each staff member and volunteer has a copy of the **GUIDELINES FOR VOLUNTEERS** and a **copy of the Volunteer Ministry Information (VMI) form** to complete. **They may keep the GUIDELINES, but return** to you in a sealed envelope **the VMI form**. The still sealed envelope is mailed with the other Certification Application forms to the Youth Department.

Certificate of Charter And Yearly Awards

All Arizona Conference clubs must apply for the Certification of Operation. The following forms need to be in the office by October 10th as the information must be submitted to Adventist Risk Management for insurance purposes.

Club Certification Application

Director's form

Adventurer Registration Form

(Do not send Adventurer Applications)

Staff Registration Form

Volunteer Ministry Information Form for EACH Staff member (confidential)

Please mail the above forms directly to:

Arizona Conference of Seventh-day Adventist

Adventurer Ministries

P.O. Box 12340

Scottsdale, AZ 85267

The Awesome A's Award, the Adventurer Achievement Award, and the Adventurer Appreciation Award will be presented during the concluding ceremonies at the Adventurer Family Retreat.

The **Awesome A's Award** will be given to any club that fulfills the following requirements before the end of March:

1. The club must have a ***Certificate of Charter***.
2. The club ***report forms*** are submitted to Arizona Conference Youth Ministries by the 10th of each following month.
3. The club must be represented at the ***Adventurer Leadership Convention***.
4. The club must attend the ***Adventurer Fun Day***.
5. The club must have an ***Induction Service, Adventurer Sabbath, and Investiture Service***.
6. The club must have at least ***four Family Network Meetings***.
7. The club must have at least ***one Community Outreach*** project.
8. The club must have at least ***two club meetings each month***.

Club Charter Application: Part 1

2016-2017

We resolve to always plan and operate our club to honor and glorify God, and we realize that the primary purpose of Adventurers is to lead children to Jesus, to teach them to love Him, and to serve Him.

We understand that the club is for the salvation, benefit and enjoyment of children. We will follow Church policies and cooperate with church leaders. We will work in harmony with our sponsoring Church to make the club a soul-winning and witnessing program.

Enclosed is the following:

1. Yearly Staff Registration Form completed and attached.
2. Yearly Adventurer Membership Form completed and attached
3. Club meets (frequency) _____ on (day) _____ at (time) _____ AM/PM at (location) _____
4. One Volunteer Ministry Information (VMI) form is included for EACH staff member.

Just a reminder: At any of the Conference planned events, individual's health insurance should be primarily considered, (This information will be on your medical consent form that the parent fills out at registration). Full coverage should be carried on any auto used to transport club members.

Club Director: The (club name) _____, sponsored by the

(city, church name) _____ hereby applies for Conference

Certification for the Adventurer year _____. We pledge to keep Arizona Adventurer's standards high.

Local Adventurer Director Signature

Date

Local Pastor/ Elder

Date

*Important: Send only if the form has been duly filled in and with the two required signatures.
Mail to Adventurer Ministries, P.O. Box 12340, Scottsdale, AZ 85267*

Arizona Conference Youth Ministries

Club Charter Application: Part 2

Director: _____

Club Coordinator: Elda Diaz Annette Stevens
 Chely Sanchez

Club Name _____

Church Name _____

Director's Name: _____ Home Phone: _____

Mailing Address: _____

City/State/Zip: _____

Street Address (if different):

Daytime Phone: _____ Cell Phone: _____

FAX Number (if available): _____ Birthday: _____

E-mail: _____

Once we receive this completed form with the completed Certification Application packet duly filled in, your name will automatically be placed on our mailing list. Please mail to:

Arizona Conference Adventurer Ministries
P.O. Box 12340
Scottsdale, AZ 85267
Phone 408-991-6777 ext. 125

Important: Send only if the form has been completely filled in and with the two required signatures.

Club Charter Application: Part 3

Adventurer Yearly Staff Form

This page must be submitted, with complete Certificate of Charter Application, to the Arizona Adventurer Ministries Department to receive your certification.

The following individuals are presently working as officers and staff of our club and desire to be registered with the Arizona Conference for the Adventurer Year of 2016-2017.

Club Name: _____

Church: _____ Director's Name _____

No.	Staff Name	Complete Address	Title	MG Y/N	Srv Yrs
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
				MG	Srv

No.	Name	Complete Address	Title	Y/N	Yrs
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					

Title: Director, Assistant Director, Secretary, etc.

MG: Write "Y" if person is a Master Guide, and "N" if not.

Srv Yrs: Write number of years serving in Adventurers or Pathfinders.

Club Charter Application: Part 4

Adventurer Membership List

The following individuals are presently enrolled as members of our club and desire to be registered with the Arizona Conference for the Adventurer Year of 2016-2017.

Club Name: _____

Church: _____ Director's Name _____

Adventurer	Birthdate	Current Class
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		

Club Charter Application 5 / GUIDELINES FOR VOLUNTEERS

Because our society is filled with pain, problems, and litigation caused by improper conduct of adults working with children and youth, it is imperative that those working with children in the churches have meaningful guidelines for conduct—to protect both themselves and those under their care. As a ministry volunteer, you want parents and others to feel comfortable and confident with you. Here are some practical guidelines:

1. Never leave a child or group of children for whom you are responsible unattended.

Provide adequate supervision at all times, no matter what.

2. ALWAYS have at least one other adult 18 or older with you when ministering to children. If you find yourself in a situation where you are the only adult present, UNDER NO CIRCUMSTANCES should you allow yourself to be alone with one child. You will need to find another person (which they do not have to be an adventurer leader) and then continue.

3. Always ask a person's permission before touching him/her anywhere, even when responding to an injury or problem. This is especially true for any area that would normally be covered by a T-shirt and/or shorts. If an injury is within this area, make sure another adult works with you as you provide care.

4. Physical and verbal attacks are inappropriate and should never be used as discipline. "Time out" or "sit in that-chair" may be helpful methods with children.

5. Children need to be touched appropriately. However, keep hugs brief and "shoulder-to-shoulder" or "side to- side." Always keep your hands at (not below) the shoulder level. A caregiver kiss is to the forehead or cheek only—not elsewhere. For small children who like to sit on laps, encourage them to sit next to you.

6. When taking small children to the bathroom—take another adult along, or leave the door open.

Be aware of the signs and symptoms of abuse; be aware of the legal requirements in your locality for reporting child abuse. In nearly all places, a caregiver can be held legally responsible for failing to report suspected or actual child abuse.

Be loving, kind, firm, and always thoroughly professional as a caregiver. Working with children and youth at church is not only a privilege; it is also a deep responsibility that must be approached with utmost care. As a volunteer you are expected to participate in orientation and training programs conducted by the church or conference.

Adventist Risk Management and the North American Division recommend the following rules for leaders. These serve as a protection to you and to your ministry against charges of abuse:

- **You must complete** "Shield the Vulnerable" online at www.shieldthevulnerable.org. Please contact your church for further information regarding this online Child Safety Training.
- **The six-month rule.** Do not recruit a volunteer who has been a church member for less than six months.
- **The two-person rule.** Have at least two adults present at all times.
- **The glass window rule.** If the door to a classroom does not have glass in or around it, the door should be left open, so that the teacher is in full view.

I, the undersigned, have read the guidelines listed above and agree to abide by them. My director will keep this original and I will keep a copy of this signed form for reference.

Volunteer's Signature

Date Signed

Complete VMI form to be sent to Youth Department.

Arizona Conference of Seventh-day Adventists

Volunteer Ministry Information Form (VMI)

Fill out and mail to: Youth Ministries
 P.O. Box 12340
 Scottsdale, AZ 85267

Office Use Only

Approve Disapprove

Conference Youth Director Signature

SECTION: PERSONAL RECORD

Name _____ Birthdate _____

Address _____ City _____ St _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Church _____ Club _____

Marital Status: Single Divorced Married Name of Spouse _____

Children: <u>Name</u>	<u>Birthdate</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been a/do you have:

Pathfinder	YES	NO	
Master Guide	YES	NO	
PIA	YES	NO	
PLA	YES	NO	

If you been a Pathfinder: Where? _____ When? _____

SECTION II: HEALTH HISTORY

Do you now have, or have you had, any injury/sickness that might limit your involvement in Pathfinder activities? YES NO

If yes, how would it hinder? _____

SECTION III: EDUCATIONAL RECORD

Highest level of education	_____
Degree/Diploma held	_____
School granting degree/diploma	_____
Year degree/diploma received	_____
College major/minor	_____/_____

SECTION IV: EXPERIENCE

Please list all experience (Pathfinder, Scouting, Sabbath School, etc) that might qualify you for Pathfinder leadership.

Position/Type of Work	Church/Organization	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION V: HONOR INSTRUCTION ABILITY

Circle: T – Capable of teaching
 A - Able to assist
 I - Interested in learning to teach

Please list the honors/crafts which you are interested in teaching

Honor/Craft	Honor/Craft
_____ T A I	_____ T A I
_____ T A I	_____ T A I
_____ T A I	_____ T A I
_____ T A I	_____ T A I

SECTION VI: UNLAWFUL CONDUCT

Note: This section will remain in a confidential file at the conference office and will be available only to the conference administration and youth department staff. If the volunteer moves, and another conference asks for this form it will be forwarded to the conference youth department of the volunteer's new residence.

Have you been formally (or informally) accused, charged, or disciplined for any unlawful sexual conduct, child abuse, and/or child sexual abuse? YES NO

Date _____ Place _____

Type of Conduct _____

SECTION VII: REFERENCES

List below three individuals who could recommend you for service in Adventurer/Pathfinder ministries

Name	Street	City/State	Zip	Phone
Pastor				
Other				
Other				

SECTION VIII: STATEMENT OF ACCURACY

The above information is accurate to the best of my recollection. I understand this is a strictly "volunteer" position and I will receive no remuneration for services and time volunteered.

Volunteer's Signature

Date

Note: Please be sure you have answered every question and signed your name above. Send this directly to the Youth Department at the address listed on the front of the page.

PURPOSE

It is the goal of every Adventurer/Pathfinder Club to have the best qualified personnel available for his/her church. This record becomes the property of your local church conference Youth ministries department and will be used to evaluate all present and prospective youth workers and volunteers. Volunteer Data Sheets will be forwarded to another conference's youth department should the volunteer move to another conference.

PROTECTION

Understanding the epidemic proportion of child abuse and unlawful conduct, Section VI has been included to protect children in church sponsored programs from any abuse by any staff with a history of misconduct. The confidentiality of volunteers will be respected while also protecting parents, youth ministries workers, and the church organization.

PROCEDURE

If the Youth Ministries Director recommends the applicant, Sections I through V will be copied and sent to the local church for their record and will be used to determine staff qualification. When a local church requests a recommendation from a local conference's Youth Ministries Director, the director may not release any specifics and may only respond with "recommended", "not recommended" or "recommended with conditions noted."

POLICY

All information on this Youth Ministries Volunteer Data Sheet is required by North American Division and Insurance policy. It will become a permanent record and should include updates every year. In the event of accusations against applicant, opportunity should be given for response by the accused. This response also becomes a part of the record.

Monthly Reports

2016-2017

At the end of each month *Monthly Report* AND *Monthly News* need to be sent to the Arizona Conference Youth Ministries at

P. O. Box 12340

Scottsdale, AZ 85267

or

FAX: 480-991-4833

Please be prompt. There is no credit for those received 30 days late.

Arizona Adventurer Club

Monthly Report

Club Activities: Please write the date you did this activity during THIS month

O Basic/Advanced Staff Training _____

#full time attendance ____ #part time attendance ____

O Club Registration _____

O Club Charter Application Complete & Submitted _____

O Adv. Director's Meeting _____

O Adventurer Fun Day _____ station? O Yes ONo

O Induction Ceremony _____

O Adventurer Sabbath _____

O Adventurer Blessings Service _____

O Investiture Ceremony _____

O Adv. Club Evaluation (Self) _____ (w/Coordinator) _____

O Field Trips/Camping _____
Activity _____

O Club Community Outreach _____
Activity _____

O Adventurer Family Retreat _____
station/activity at Family Retreat Oyes Ono

O Arizona Conference Adventurers Facebook contribution
(<https://www.facebook.com/AZAdventurers>)

O Adv. Staff Meetings # _____ % attendance _____

O Family Network Meeting _____

Awards Completed

Club Name: _____

Director: _____

Preferred Contact Information:

Number of Adventurer Club Meetings
duly-called, with/without uniform
_____ Average attendance _____%

Address:

usually meet on (day)

_____ - _____ () a.m. () p.m.

Enrollment:

Families: __ SDA __ Non SDA

___ Baby Birds ___ Curious Cubs

___ Little Lambs ___ Eager Beaver

___ Busy Bee ___ Sunbeam

___ Builder ___ Helping Hand

Month: _____

Year: _____

Arizona Adventurer Club Monthly News

O Club News: Tell us what you have done this month.

O Club Announcements: Tell us about your upcoming activities or information you would like to share with others. (i.e., special events, fundraisers, fieldtrip contact info, etc.)

O Prayer Requests: Anything you would like to inform our Adventurer family to pray about.

Month: _____

Year: _____

Arizona Adventurer Club Community Outreach Report

Club Name: _____

Director: _____

Name of Activity _____

Explanation of Activity _____

Report:

Where activity took place: _____

Number of Families Reached: _____ SDA _____ Non SDA _____

Literature Distributed: Yes ___ No ___ Name of Literature _____

Cash contribution: Yes ___ No ___ Clothing contribution: Yes ___ No ___

Other contribution: Yes ___ No ___ Time spent on project/activity: _____

How has this project impacted your Adventurers?

Month: _____

Year: _____

Reporte Mensual

Club de Aventureros de Arizona

Actividades del Club: Por favor escribe la fecha en que hizo la actividad ESTE mes.

O Entrenamiento de Personal Básico/Avanzado

#full time attendance ____ #part time attendance ____

O Inscripción de Club _____

O Aplicación de Certificación del Club Completa y Entregada

O Reunión de Directores _____

O Día de Diversión _____ ¿estación? OSí ONo

O Ceremonia de Inducción _____

O Sábado de Aventureros _____

O Regalo de Bendición _____

O Ceremonia de Investidura _____

O Evaluación de Club (Propia) _____ (c/Coordinador) _____

O Campamento/Paseo _____

Actividad _____

O Actividad de Alcance a la Comunidad _____

Actividad _____

O Retiro Familiar de Aventureros _____

estación/actividad en el Retiro OSí ONo

O Contribución a la página de Facebook de Aventureros de la Conferencia de Arizona

(<https://www.facebook.com/AZAdventurers>)

O Reuniones con el Personal # _____ % asistencia _____

O Reuniones de Red Familiar _____

Galardones Completados

Mes: _____

Año: _____

Nombre de Club:

Director: _____

Información de contacto preferido

Numero de reuniones de club
calendarizadas, con/sin uniforme:
Promedio de asistencia _____%

Dirección:

normalmente nos reunimos (día)

_____ - _____ () a.m. () p.m.

Membresía:

Familias: __ ASD __ Non ASD

__ Pajaritos __ Cachorros Curiosos

__ Ovejitas __ Castores

__ Abejitas __ Rayitos de Sol

__ Constructor __ Mano Ayudadora

Reporte Mensual

Club de Aventureros de Arizona

O Noticias del Club: Díganos lo que han hecho este mes.

O Anuncios del Club: Díganos acerca de sus próximas actividades o información que gustaría compartir con otros. (i.e., eventos especiales, recaudación de fondos, información de contacto para paseos, etc.)

O Petición de Oración: Cualquier cosa por la que quisiera que la Familia de Aventureros orara.

Mes: _____

Año: _____

Reporte de Alcance a la Comunidad

Club de Aventureros de Arizona

Nombre de club: _____

Director: _____

Nombre de actividad: _____

Explicación de actividad _____

Reporte:

Donde ocurrió la actividad: _____

Numero de familia alcanzadas: _____ ASD _____ Non ASD _____

Literatura Distribuida: Si _____ No _____ Nombre de Literatura _____

Contribución Monetaria: Si _____ No _____ Contribución de ropa: Si _____ No _____

Otra Contribución: Si _____ No _____ Tiempo invertido en proyecto/actividad: _____

¿Cómo ha impactado este proyecto a sus aventureros?

Mes: _____

Año: _____

Adventurer Final Report 2016-2017

Club Name _____

Director _____

Club Members to be invested:

Little Lambs _____

Eager Beaver _____

Busy Bee _____

Sunbeam _____

Builder _____

Helping Hand _____

Adv. Helping Hand _____

Adults _____

Stars:

Total for the Year _____

Chips:

Total for the Year _____

Awards:

Total for the Year _____