



Club Directors,

Greetings from the Southern New England Conference Adventist Youth Ministries Office! We hope your summer was enjoyable!

Our office is gearing up for the new Club year that officially begins on July 18 and ends on May 30. The attached Forms & Information page provides a list of all the forms, instructions and due dates to help you plan for your upcoming Club year.

Reminders from last year:

- **On-line Club Registration** must be completed by September 30 along with a \$10 fee per Pathfinder/Adventurer, staff, and volunteer. If you are starting a new club, please contact our office at 978-365-4551
- **Name Tags** are now optional and should only be worn by adult staff/volunteers if desired.
- **Shield the Vulnerable Staff/Volunteer Screening Process** - all Youth Ministry Staff/Volunteers must fulfill the requirements listed on the Youth Ministry Volunteer Selection, Application, and Approval Process Information Sheet.
- **Supervision Guideline Recommendations** have changed. Please review the Supervision Guidelines.
- **Driver Record/Qualifications** have been clarified. Please review review the Driver Information Sheet.

Area Coordinator Contact Information will be provided soon. You will need to contact your area coordinator to schedule the following:

- Annual Club & Uniform Inspection
- Pathfinder/ Adventurer Sabbath
- Investiture

Follow us on:

Facebook

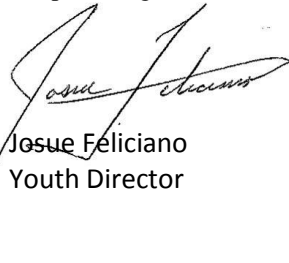
- Southern New England Conference Youth Department at <https://www.facebook.com/snecyouth>
- So. New England Conference Pathfinders at <https://www.facebook.com/groups/6878188703/>
- SNEC Master Guides at <https://www.facebook.com/groups/SNECMG/>
- Atlantic Union Adventist Youth Ministries at <https://www.facebook.com/AtlanticUnionAdventistYouthMinistries?fref=ts>

Twitter


- [@snecyouth](https://twitter.com/snecyouth)

If you have any questions, you may contact our office or your Area Coordinator. We hope you have a wonderful year and we look forward to serving you

Keep moving forward,



Josue Feliciano
Youth Director



Milton Marquez
Associate Youth Director

Southern New England Conference of the Seventh-day Adventist Church
Adventist Youth Ministries Department
Club Registration Information

Below you will find a summary of the forms and information needed to register your Pathfinder club, pathfinders and Staff, and plan for the upcoming Pathfinder year.

FORMS & INFORMATION

Forms Due to the Youth Department by September 30:

Club Application
Teen Leadership Training Application

Club Registration to be completed On-line by September 30:

Club Registration Instructions

Forms for Pathfinders to Complete – keep with Club records

Pathfinder Member Application
Pathfinder Health Information, Consent to Treatment, Health Insurance Information
Pathfinder Health History
Pathfinder Medication Administration
Teen Leadership Training Application (don't forget to submit to SNEC Youth too)
Pathfinder Club Outing/Trip Permission Slip Template – One for each outing/activity/event – *Revised 2015*

Forms for Staff and Volunteers to Complete – keep with Club records

SNEC Youth Ministry Volunteer Application (see Youth Ministry Volunteer Selection, Application, and Approval Process for more details)
N.A.D. Youth Ministry Volunteer Code of Conduct (attach to approved Ministry Volunteer Application)
Driver Information Sheet
Staff/Volunteer Health Information, Consent to Treatment, Health Insurance Information
Staff/Volunteer Health History
Staff/Volunteer Medication Administration

Information to Help You Plan For the Pathfinder Year

- SNEC Calendar of Events
- Annual Points & Ribbon Guidelines
- SNEC Youth Ministry Volunteer Selection, Application, and Approval Process
- Shield the Vulnerable Instructions
- Supervision Guidelines
- Personal Vehicle Usage Guidelines
- 15 Passenger Van Guidelines
- Investiture Achievement Class Resources
- Pathfinder Honor Resources
- Uniform Policy – *Revised 2014*
- Uniform & Investiture Supply Ordering Information
- Club Inspection Form
- Uniform Inspection Form
- Pathfinder Bible Experience Information
- Fall Pathfinder Camporee Information
- Spring Pathfinder Camporee Information
- ****Area Coordinator Contact List will be provided at a later date**

REMINDERS

****NEW** On-line Club Registration:**

All pathfinders/adventurers, staff and volunteers, including those that join part way through the year, must be registered on-line at <http://www.snecyouth.org>. Clubs will not be allowed to participate in Conference, Union or Division events until they have completed the on-line club registration process. Please see the attached Club Registration Worksheet to help organize your registration information. **The Club Application will still need to be submitted by mail, scan or emailed.**

Insurance Coverage:

Your Local Church's General Liability Insurance will cover most of your activities (see exclusions below). However, these activities will NOT be covered unless the activity was presented to and voted/approved by your Local Church Board.

Exclusions - certain types of high-risk activities are excluded from your insurance policy. If your club is planning any of these types of activities, please contact Southern New England Conference Treasury Department prior to the activity to add the necessary insurance coverage.

- Fireworks
- Firearms and Tasers
- Bungee jumping
- Climbing walls
- ATV vehicles (two-or three-wheeled)
- Trampolines (or other forms of gymnastic rebounding equipment)
- Rappelling and ropes courses (more than six feet off the ground)

Board Approval:

Make sure that all your meetings, activities, events, camporees, etc. are approved by your Local Church Board for insurance purposes.

****NEW** Staff/Volunteer Selection, Application, and Approval Process has changed:**

All Youth Ministry Staff/Volunteers must fulfill the requirements listed on the Youth Ministry Volunteer Selection, Application Form, and Approval Process Information Sheet.

****NEW** Driver Record/Qualifications**—All drivers shall be properly licensed and comply with all Federal, state and/or provincial laws for the class of vehicle being operated. The recommended minimum age for drivers shall be twenty-one (21) years. A minimum allowable age of nineteen (19) years old may be granted with the approval of the conference officers. The driving record (Motor Vehicle Record) of each driver shall be obtained from state/provincial records and reviewed on a regular basis. Drivers shall have an acceptable driving record during the previous three years with not more than two traffic citations and no at-fault accidents while driving any vehicle. When a driver does not meet the above driving standard, he/she shall not be assigned to or retained for a driving position.

Health Information & Consent to Treatment & Health Insurance Forms:

Everyone including staff/volunteers and children whose parents are always present MUST complete the Health Information, Consent to Treatment & Health Insurance Information form.

****NEW** Changes in Name Tag Requirements**

Name Tags are optional and should only be worn by adult staff/volunteers if desired. This will help protect the identity of our children and comply with the Shield the Vulnerable process.

Registration Reconciliation:

At the time of your Annual Club Inspection you will be asked to show copies of your documentation: Club Application, Club Registration, Pathfinder Member Registration, Pathfinder/Staff Medical Consent Forms, Driver Information & Shield the Vulnerable Approved Staff/Volunteer Applications.

Pathfinders

Investiture Achievement Information:

Class information is available at:

<http://www.investitureachievement.com>
<http://www.adventsource.org>

Pathfinder Honors:

Pathfinder Honor information is available at:

http://en.wikibooks.org/wiki/Adventist_Youth_Honors_Answer_Book
<http://www.pathfindersonline.org/honors/index>
<http://www.adventsource.org>

SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH
Adventist Youth Ministries Department
PATHFINDER CLUB APPLICATION 20__ - 20__



Sponsoring Church _____
Club Name _____

Elected Club Director: _____ **Email:** _____

Mailing Address: _____

Best Phone # to Reach You at: _____ **Home/Cell/Work**

Club Secretary (if different): _____ **Email:** _____

Mailing Address: _____

Best Phone # to Reach You at: _____ **Home/Cell/Work**

YOUR COMMITMENT TO PATHFINDERING

We the undersigned have read, understand, and are in agreement with the Philosophy of Pathfinders and agree to support our club through those means with which the Lord has blessed our church, including but not limited to: finances, staff, volunteers, a place to meet, and insurance coverage for all Pathfinder Club related activities. We will assist our Pathfinder Club in the fulfillment of their ministry and to support the Pathfinder ministry of our conference.

Requirements

- All staff and volunteers must have completed the Shield the Vulnerable (STV) process and been approved to serve by the STV level 2 or 3 Administrator.
- All meetings, activities, events, camporees, etc. approved by your local church board for insurance purposes.

Signatures:

Church Pastor _____

Head Elder _____

Treasurer _____

Club Director _____

STV Admin. _____

THE PHILOSOPHY OF PATHFINDERING

The purpose of having a Pathfinder Club is to lead its membership into a growing, redemptive relationship with Christ, to build its membership into responsible, mature individuals and to involve its membership in active selfless service. All Pathfinder leaders are Christians, working hand in hand with parents, teachers, and pastors providing optimum opportunities for Christian development. The Pathfinder Club is an extension of the home, school and church. It is an experimental laboratory where growth and learning flourish. The membership involves youth in grades 5-10 who have a desire for group activities. These activities range from community and world service projects to nature, outdoor and camping activities, AY/Pathfinding class curriculum and AY Honors. Above all, Pathfinders gives children an environment in which to actively expand their personal experience with Christ.

Send the completed form to:
Adventist Youth Ministries Department
Southern New England Conference
PO Box 1169
South Lancaster, MA 01561

Date Completed: _____

Due: September 30th

SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

Adventist Youth Ministries Department

ADVENTURER CLUB APPLICATION 20__ - 20__



Sponsoring Church _____

Club Name _____

Elected Club Director: _____ Email: _____

Mailing Address: _____

Best Phone # to Reach You at: _____ Home/Cell/Work

Club Secretary (if different): _____ Email: _____

Mailing Address: _____

Best Phone # to Reach You at: _____ Home/Cell/Work

YOUR COMMITMENT TO ADVENTURERING

We the undersigned have read & understood, and are in agreement with the Philosophy of Adventurers. We agree, by vote of the church board, to support our club through those means with which the Lord has blessed our church, as well as to assist our Adventurer Club in the fulfillment of their ministry and to support the Adventurer ministry of our conference.

THE PHILOSOPHY OF ADVENTURERING

The purpose of having an Adventurer Club is to lead its membership into a growing, redemptive relationship with Christ, to build its membership into responsible, mature individuals and to involve its membership in active selfless service. All Adventurer leaders are Christians, working hand in hand with parents, teachers and pastors providing optimum opportunities for Christian development. The Adventurer Club is an extension of the home, school and church, it is an experimental laboratory where growth and learning flourish. *The membership involves Little Lambs (Preschool), Eager Beavers (Kindergarten), and Adventurers (Grades 1-4) who have a desire for group activities.*

These activities range from community and world mission projects to nature, outdoor and camping activities, and above all Adventurers gives children an environment in which to actively expand their personal experiences with Christ.

Requirements

- All staff and volunteers must have completed the Shield the Vulnerable (STV) process and been approved to serve by the STV level 2 or 3 Administrator.
- All meetings, activities, events, Spring Escapes, etc. approved by your local church board for insurance purposes.

Signatures:

Church Pastor _____

Head Elder _____

Treasurer _____

Club Director _____

STV Admin. _____

Send the completed form to:
Adventist Youth Ministries Department
Southern New England Conference
PO Box 1169
South Lancaster, MA 01561

Date Completed: _____

Due: September 30th

SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH



Adventist Youth Ministries Department CLUB REGISTRATION INSTRUCTIONS



Summary:

- Registration Must be Completed on-line at: <http://www.snecyouth.org/forms>
- The Following is a list of instructions and information you will need to help you organize the registration process.

Information needed:

1. Church/Club name (if you are starting a new club, please contact our office at 978-365-4551)
2. Club Director & Club Secretary (see Membership Application, and SNEC Youth Ministry Volunteer Application for the required information listed below)
 - a. Name (First & Last)
 - b. Address
 - c. Phone #
 - d. Alternate Phone # (can be the same as above)
 - e. Email
 - f. Gender
 - g. Birth date
3. All Additional Club Members, Staff, and Volunteers (see Membership Application, and SNEC Youth Ministry Volunteer Application for the required information listed below)
 - a. Name (First & Last)
 - b. Gender
 - c. Birth date
4. Payment information

Instructions:

1. Create a Corporate/Group account at:
<http://www.snecyouth.org/>
2. Don't forget to keep track of your username & password for later use
3. Primary Contact should be the Club Director
4. Secondary Contact should be the Club Secretary
5. Add a Person for all Club Members, Staff and Volunteers
6. Addresses for everyone except the Secondary Contact should be the same as the primary Contact's address
7. Select Make a Reservation
 - a. Select Family/Small Group Reservation
 - b. Select a Session (Adventurer Club Registration or Pathfinder Club Registration)
 - c. Select Attendees to register for the new Club Year
 - d. Membership Information – select church/club for this group
(if you are starting a new club, please contact our office at 978-365-4551)
8. Confirm Primary Contact Information
9. Proceed to Check-out
10. Review for accuracy
11. Proceed to payment
12. Select your payment method
13. Provide payment information
14. Print receipt to keep with your Club Members, staff, and volunteer forms

**PLEASE NOTE: CLUB MEMBERS AND STAFF WHO JOIN AFTER SEPTEMBER 30
MUST STILL PAY THE \$10.00 FEE.**

DUE: SEPTEMBER 30



SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

PATHFINDER MEMBER 20__ - 20__

APPLICANT COMMITMENT

PATHFINDER PLEDGE

By the grace of God,
I will be pure, kind and true.
I will keep the Pathfinder Law.
I will be a servant of God,
and a friend to man.

PATHFINDER LAW

The Pathfinder Law is for me to:
Keep the morning watch.
Do my honest part.
Care for my body.
Keep a level eye.
Be courteous and obedient.
Walk softly in the sanctuary.
Keep a song in my heart.
Go on God's errands.

I would like to join _____ Pathfinder Club. I will attend club meetings, hikes, camping and field trips, outreach and social activities, and any other club activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Pathfinder Signature: _____

APPLICANT & PARENT INFORMATION

REGISTRATION FEE: \$ _____

Applicant Name: _____ Age: _____

Investiture Achievement Class Completed: ___ Friend ___ Explorer ___ Ranger ___ Voyager ___ Guide

Address: _____

Phone #: _____ Email: _____

School: _____ Grade: _____ Church: _____

Is the applicant a baptized Seventh-day Adventist? ___ Yes ___ No Baptism Date: _____

APPROVAL BY PARENTS OR GUARDIANS:

The applicant is at least 10 years of age and/or in fifth grade as a Junior Pathfinder, or in grade seven (7) as a Teen Pathfinder.

We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant becomes a pathfinder. We will assist the applicant in observing the rules of the Pathfinder Organization. In consideration of the benefits derived from membership, we hereby waive any claim against the club or the Southern New England Conference of the Seventh-day Adventists for any accidents that may arise in connection with the activities of the Pathfinder Club.

As parents we understand that the Pathfinder Club program is an active one for the applicant. It includes many opportunities for service, adventure and fun. We will cooperate:

- 1. By learning how we can assist the applicant and his/her leaders.
2. By encouraging the applicant to take an active part in all activities.
3. By attending events to which parents are invited.

Please be advised that the activities of this club will be recorded using pictures, videos, and brief summaries of participation in events/activities for use in club/conference websites, newsletters, marketing materials, presentations, and social media (including but not limited to: Facebook, YouTube, Twitter, Instagram, etc.)

By signing this form we/I signify that we/I have carefully read this application form and agree to all the terms and conditions herein.

We/I hereby certify that _____

PATHFINDER NAME

was born ____/____/____
MONTH DAY YEAR

Signature of Parent/or Legal Guardian

Date



SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH
ADVENTURER MEMBER APPLICATION 20__ - 20__

APPLICANT COMMITMENT

Pledge
 Because Jesus loves me,
 I can always do my part.

Adventurer Law
 Be obedient. Be attentive.
 Be pure. Be helpful.
 Be true. Be cheerful.
 Be kind. Be thoughtful
 Be respectful. Be reverent.

I would like to join the _____ Adventurer Club. I will attend meetings, hikes, camping and field trips, missionary adventures and other club activities. I agree to be guided by the rules of the club and the Adventurer Pledge and Law.

Adventurer Signature: _____

APPLICANT & PARENT INFORMATION

REGISTRATION FEE: \$10.00

Applicant Name: _____ Age: _____

Investiture Achievement Class Completed: ___ *Little Lambs* ___ *Eager Beaver* ___ *Busy Bee* ___ *Sunbeam* ___ *Builder* ___ *Helping Hand*

Address: _____

Phone #: _____ Email: _____

School: _____ Grade: _____ Church: _____

Is the applicant a baptized Seventh-day Adventist? ___ Yes ___ No Baptism Date: _____

APPROVAL BY PARENTS OR GUARDIANS:

The applicant is between the ages 4-9 at this time. We have read the Pledge & Law and are willing and desirous that the applicant become an Adventurer. We will assist the applicant in observing the rules of the Adventurer Club. In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club or the Southern New England Conference of Seventh-day Adventists for any accident's which may arise in connection with the activities of the Adventurer Club. As parents, we understand that the Adventurer Club program is an active one for the applicant. It includes many opportunities for service, adventure and fun. We will cooperate:

1. By learning how we can assist the applicant and the club leaders.
2. By encouraging the applicant to take an active part in all club activities.
3. By attending events to which parents are invited.
4. By assisting club leaders and by serving as assistants when called upon.
5. By purchasing Adventurer Club insurance through the club

Please be advised that the activities of this club will be recorded using pictures, videos, and brief summaries of participation in events/activities for use in club/conference websites, newsletters, marketing materials, presentations, and social media (including but not limited to: Facebook, YouTube, Twitter, Instagram, etc.)

By signing this form we/I signify that we/I have carefully read this application form and agree to all the terms and conditions herein.

 Signature of Parent/or Legal Guardian

 Date

HEALTH INFORMATION, CONSENT TO TREATMENT & HEALTH INSURANCE INFORMATION

Name: _____

Are there any present health concerns? _____

List any allergies: _____

Specify current medication(s): _____

Date of last tetanus immunization/booster: _____ Permission to administer in an emergency? Yes ___ No ___

Physician's Name: _____ Physician's Phone Number: _____

PARENT/GUARDIAN CONSENT TO TREATMENT:

We/I the undersigned parents/guardians hereby give my consent for the above named child to participate in the Adventurer/Pathfinder Club. We/I am aware that my child may require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment may become necessary for my child, we/I grant permission to _____ the Club Director and/or their assistants,

Club Name

authority to obtain such emergency medical assistance. We/I further grant permission for medical personnel to administer emergency medical treatment.

We/I also consent to our/my child's being transported of the purposes of Club activities, in private, church owned vehicles or other mode of transportations as may be deemed necessary. We/I understand that said vehicles will be driven by adults 21 years old or above and, the drivers will be approved by the _____ Church Board understand a permission slip will need to be signed at

Church Name

understand a permission slip will need to be signed at the time of all field trips.

We/I also consent to having this child work with club staff members outside the regular club meetings times for special club events, for honors or for class activities arranged by the club staff team.

We/I agree to indemnify and hold harmless the Atlantic Union, the Southern New England Conference of Seventh-day Adventist, the _____ church, and the

Church Name

_____ club and its leaders and staff from liability arising from

Club Name

any accident or injury occurring during club-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.

This consent shall stay until effect until _____ or until revoked in writing and delivered

Date

to the above named director or to the club entrusted with custody of said minor.

Signature of Parent/Guardian

Print Full Name

Relationship to Applicant

Date

MEMBER HEALTH INSURANCE INFORMATION

The above named pathfinder applicant is _____ covered/ _____ not covered by health insurance.

Present Health Insurance Company: _____ Policy Number: _____

Insured Parent/Guardian's Name: _____ Home Phone Number: _____

Address: _____ Work Phone Number: _____

Emergency Contact Name(s): _____ Home Phone Number: _____

Mobile Number: _____ / _____

A photocopy of this form is as valid as the original. You must always have a copy of this form with you in every pathfinder outing or trip.

Southern New England Conference Adventurer & Pathfinder Ministries

Health History for Club Member/Staff

Directions

- Sections 1 & 2 must be completed by parent/guardian of minor or by adult staff 18 years or older.
- GIVE THIS FORM TO YOUR CLUB DIRECTOR**

1. Personal & Emergency Contact Information

Club Member/Staff Name _____ Gender M F Birth Date _____ Age _____

Home Address _____
Street Address City State Zip Code

Parent/Guardian Name _____ Email Address _____

Home Address _____
(If different from above) Street Address City State Zip Code

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Second Parent/Guardian Name _____ Email Address _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name _____ Relationship: _____ Phone (____) _____

2. Allergies/Health History/Medical Insurance

Allergies: No known allergies. This Club Member/staff is allergic to: Environment (e.g., insect bites, sun) Food Medicine Other

(Please describe below what the pathfinder is allergic to and their typical reaction.)

Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the pathfinder/staff:

- | | | | |
|--|--|---|--|
| Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have a recurrent/chronic illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had mononucleosis during the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Traveled outside the U.S. in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a history of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have problems with diarrhea/constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have impaired vision? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If female, have problems with menstrual cycle? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Does club member/staff have any current physical, medical, or psychological conditions requiring medication, treatment, or special considerations or activity restrictions while at camporee? Yes No If yes, please explain below:



Southern New England Conference
Club Ministries



MEDICATION ADMINISTRATION

(To be completed by the parent/guardian and kept on file with the Health Record)

My child is currently taking the following medication:

Name of Medication	Dosage	Frequency	Reason for taking Medication

CONSENT TO ADMINISTER DRUGS

I give consent for _____ Adventurer/Pathfinder Club to administer the following
Club Name
over the counter medications to my child (name)

- Ibuprofen
- Acetaminophen
- Benadryl/ Diphenhydramine
- Cough Syrup
- Tums
- Other _____

Dosages will be administered per adventurer/pathfinder's weight.

Frequency of medication will be given as needed per product recommendations.

Signature of Parent / Guardian

Date



TEEN LEADERSHIP TRAINING CANDIDATE APPLICATION

Southern New England Conference of Seventh Day Adventists

34 Sawyer Street; PO BOX 1169 South Lancaster, MA 01561

Fax: (978) 365-3838 E-mail: snecyouth02@gmail.com

Name _____ Home Phone _____

Address _____ City _____ Zip _____

Age _____ Date of Birth _____ Grade _____ Citizenship _____

Home Church _____ Baptized Yes No

Name of school now attending _____

School Address _____ City _____ Zip _____

Class or classes completed:

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Trail Companion | <input type="checkbox"/> Ranger | <input type="checkbox"/> Wilderness Voyager |
| <input type="checkbox"/> Trail Friend | <input type="checkbox"/> Explorer | <input type="checkbox"/> Frontier Ranger | <input type="checkbox"/> Guide |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Frontier Explorer | <input type="checkbox"/> Voyager | <input type="checkbox"/> Wilderness Guide |

List your participation in Pathfinder clubs:

CLUB	YEAR	DIRECTOR
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned, apply to the _____ club leadership for a position in the TLT Program. I understand that my application and future participation are evaluated on my performance in Pathfinding and my adherence to the TLT Pledge as well as the Pathfinder Pledge and Law. I agree to participate in the TLT Program as outlined in the TLT Manual and commit myself to developing my Christian leadership potential to its fullest.

Signature _____ Date _____

Mark the two operational departments selected for the 1st year operational assignment:

- | | | |
|--|---|---|
| <i>Recommend 1st year</i> | <i>Recommend 2nd year</i> | <i>Recommend 3rd year</i> |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Outreach | <input type="checkbox"/> Finance/Clerical |
| <input type="checkbox"/> AY Classwork/Honors | <input type="checkbox"/> Camping/Activity | <input type="checkbox"/> Counseling |

Club Official Use Only

Approved Disapproved Date ____/____/____ Club Director Signature _____

Date to begin service ____/____/____ TLT Director Signature _____

Conference Official Use Only

Date received ____/____/____ Conference Director Signature _____



TEEN LEADERSHIP TRAINING - RECOMMENDATIONS

Southern New England Conference of Seventh Day Adventists
34 Sawyer Street; PO BOX 1169 South Lancaster, MA 01561
Fax: (978) 365-3838 E-mail: snecyouth02@gmail.com

I, the undersigned, am applying to the _____ club leadership for a position in the TLT Program of Pathfinding. I understand that my application and future participation are evaluated on my performance in Pathfinding and my adherence to the TLT Pledge as well as the Pathfinder Pledge and Law. I agree to participate in the TLT Program as outlined in the TLT Manual and commit myself to developing my Christian leadership potential to its fullest.

Please complete this recommendation form and return it to the following:

Pathfinder Club Director's Name _____

Address _____ City _____ Zip _____

Thank your for your honest evaluation. Please keep me and the Pathfinder program in your prayers.

TLT Pledge - *Loving the Lord Jesus, I promise to take an active part in the work of the Teen Leadership Training program, doing what I can to help others and to finish the work of the gospel in all the world.*

TLT Signature _____ Date ____/____/____

RECOMMENDATION (1) Please answer the following questions.

How do you know the applicant and for how long? _____
What qualities does the applicant bring to the program? _____
How does the applicant relate to people? _____
How does the applicant respond to stress? _____
Does the applicant have any potential problems that might hinder his/her participation? _____

Recommenders Printed Name **Recommenders Signature** ____/____/____
Date

RECOMMENDATION (2) Please answer the following questions.

How do you know the applicant and for how long? _____
What qualities does the applicant bring to the program? _____
How does the applicant relate to people? _____
How does the applicant respond to stress? _____
Does the applicant have any potential problems that might hinder his/her participation? _____

Recommenders Printed Name **Recommenders Signature** ____/____/____
Date

RECOMMENDATION (3) Please answer the following questions.

How do you know the applicant and for how long? _____
What qualities does the applicant bring to the program? _____
How does the applicant relate to people? _____
How does the applicant respond to stress? _____
Does the applicant have any potential problems that might hinder his/her participation? _____

Recommenders Printed Name **Recommenders Signature** ____/____/____
Date

Southern New England Conference of the Seventh-day Adventist Church

Adventist Youth Ministries Department

**Youth Ministry Volunteer Selection, Application Form,
and Approval Process**



Introduction:

The Seventh-day Adventist Church is very active in nurturing our youth through Sabbath Schools, Adventurers, Pathfinders, VBS and our extensive educational system. This priority on youth also means our attention to safety must grow more intentional as abuse in society increases.

Beginning in July 2015 the Southern New England Conference partnered with Shield the Vulnerable to provide continuing awareness training and background screening for all conference, church, and school employees & volunteers. All Youth Ministry Staff/Volunteers must fulfill steps 1-3, 6, and 7 each year and steps 4 & 5 every three (3) years:

1. Has held membership in the congregation or has been known by the organization for a minimum of six (6) months.
2. Complete the SNEC Youth Ministry Volunteer Application, including three (3) personal references
3. Submit the completed SNEC Youth Ministry Volunteer Application to your local church ministry director for the ministries you wish to work with. Don't forget to review, sign, and submit the Southern New England Conference Youth Ministry Code of Conduct.
4. Create a Shield the Vulnerable account on-line and complete the required Shield the Vulnerable on-line training. (staff/volunteers 18 years old and older ONLY every three (3) years)
5. Submit personal information to the Shield the Vulnerable web site for the background screening process. (staff/volunteers 18 years old and older ONLY every three (3) years)
6. Be approved by your church's designated Level 2 or Level 3 Shield the Vulnerable Administrator.
7. Have an approved SNEC Youth Ministry Volunteer Application on file with the each Ministry Director along with the signed Code of Conduct, Driver Information Sheet, and all Medical Information forms.

More information regarding the Shield the Vulnerable Training and background screening process is available at <http://www.sneconline.org/article/370/departments-ministries/shield-the-vulnerable> or by contacting the Southern New England Conference Shield the Vulnerable Coordinator.

SNEC YOUTH MINISTRY VOLUNTEER APPLICATION (SEE SELECTION, APPLICATION & APPROVAL PROCESS INSTRUCTIONS)

Personal Information

Full Name: _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

City State ZIP

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____ Birth Date: _____

Emergency Contact Information

Name: _____ Phone #: _____ Relation: _____

Church Ministry Information

SDA Church Member at: _____

Current Church Date you became a member

Previous Church(es) Date you became a member

Church Ministries I wish to be involved with:

_____ Adventurers _____ Pathfinders

_____ Sabbath School _____ Vacation Bible School

_____ Other _____

Previous Church Ministries I have been involved with:

_____ Adventurers _____ Pathfinders

_____ Sabbath School _____ Vacation Bible School

_____ Other _____

Personal Reference Information

Please provide three (3) personal references. Only one may be a relative.

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Shield the Vulnerable Level 2 or 3 Administrator Approval Section

This Youth Ministry Volunteer is eligible to service in the ministries as indicated above. However, they will need to be repeat the Shield the Vulnerable Training and Screening process after the date listed below:

Expires Month: _____ Year: _____

_____ Volunteer Approved

_____ Driver Approved

_____ Shield the Vulnerable Administrator Signature

_____ Date Approved

N.A.D. YOUTH/CHILDREN'S MINISTRY VOLUNTEER CODE OF CONDUCT

My Commitment to Volunteer Ministry - As a Youth/Children's Ministry Volunteer, I will:

1. Provide appropriate adult supervision at all times for the children for whom I am responsible.
2. Have at least one other adult, eighteen (18) years of age or older, to help with the supervision of children. If I find myself in a situation where I am the only adult present, under no circumstances will I allow myself to be alone with one child (the "two-person rule"). This protects the child as well as protecting the adult from possible allegations.
3. Ask a child's permission before physically touching him/her anywhere, even when responding to an injury or problem. This is especially true for any areas 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 care is provided.
4. Refrain from physical and verbal attacks and corporal punishment which are inappropriate behaviors and should never be used as discipline. "Time outs" or "sit-in-that-chair" may be helpful discipline methods to use with children.
5. Affirm children with appropriate touching by keeping hugs brief and "shoulder-to-shoulder" or "side-to-side." I will keep hands at (not below) the shoulder level. For small children who like to sit on laps, I will encourage them to sit next to me.
6. Provide extra care when taking small children to the restroom. I will take another adult along, or leave the door open.
7. Be aware of conducting activities in rooms that do not have an interior viewing area, or I will leave the door open during the activity to allow easy observation by others.
8. Cooperate with the volunteer screening process and successfully complete the Shield the Vulnerable training, as required by the church.
9. Be aware of the signs and symptoms of child abuse and aware of the legal requirements for reporting suspected cases of abuse. In addition to any legally required reporting, I agree that if I become aware of any behavior by another individual which seems abusive or inappropriate towards children I am supervising, I will report that behavior to the church pastor, elder, or directly to the Conference Treasurer's or Risk Management Director.
10. Cooperate with church leadership in conducting children and youth ministries by being a volunteer who is loving, kind, firm, and always a thoroughly professional person. Working with children and youth is not only a privilege; it is also a serious responsibility that must be approached with utmost care.
11. Participate in orientation and training programs conducted by the church.
12. Uphold the standards of the Seventh-day Adventist Church.

SNEC Youth Supervision Guidelines

Ages 10-17: Onsite location – 1 adult to 10 minors, Offsite location – 1 adult to 6 minors,

Remote or Extreme location – 1 adult to 4 minors, **however there must be a minimum of 2 adults at all times.**

Overnight: Sleeping areas for boys and girls should be separate and supervised by two adults of the same gender as the group being supervised. A minimum of three youth, ages 10-17, per tent/room. Adults and youth must never share a tent other than with his or her parent or guardian. Male and female adult leaders must have separate sleeping facilities. Married couples may share the same quarters if appropriate facilities are available. If separate shower and latrine facilities are not available, separate times for male and female use should be scheduled and posted.

Ages 9 and under: Children 9 and under should have parental supervision at all times. No exception.

Acknowledgment

Because I want the best possible environment for our children and youth to grow up in, it is important that those working with children have guidelines for conduct in order to protect both themselves and those under their care. As a ministry volunteer, I want parents and others to feel comfortable and confident with me.

Signature

Church Name

Date

**Thank you for your service as a Youth/Children's Ministry Volunteer.
Please retain a copy of this document and keep it for reference.**

1 Go To: shieldthevulnerable.org



2 Click >>



3 First-Time Signup

Select Your Organization

Seventh-day Adventist

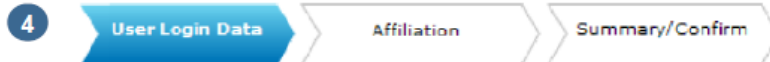
Atlantic

Southern New England Conference

If correct, click >>

- >> 1. Pick **Seventh-day Adventist** from the dropdown list
- >> 2. Select your **UNION**
- >> 3. Select your **CONFERENCE**: if your Conference also trains Students, a "Select User" dropdown opens. Select "Adult".

NOTE: if you cannot find your Union or Conference, STOP. Contact your administrator.

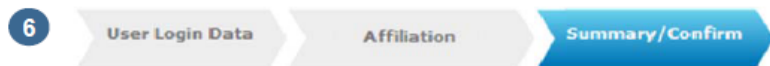


User/Login Data: Fill in the requested information and create your login. Only one person can be named on the registration. It's important to provide a valid email address — if you have one.

NOTE: Please write down your ID and Password in case you need to log in again.



Affiliation Tab: Here, you identify yourself as an employee (includes temp/contractor) or volunteer. Then identify which type of location (church, school, etc.) at which you work or volunteer. Finally, identify your position at the organization.



Summary: Review your registration information and if correct and you "Accept" the license, click the "Confirm Signup" button. It will take you to the "My Courses" page to start your training.

7 **Background Screening:** Once you train, you may be required to do a background check. If so, you must electronically sign an authorization to permit the screening. If fingerprinting is required, arrange for it at a location near you. Your local administrator can help you.



8 **My Course Page:** Click "Start" button to open the "required" course. You may take optional once you take the required course.

Assigned Courses (1)		Collapse	
Adult Courses	Assigned	Done	Certificate
<input type="button" value="Start"/> Protect Children: Parts I & II	09-22-12	0%	

Minor Supervision Ratio Guidelines

FOR CHURCH ACTIVITIES

- These guidelines are to be followed with minors, ages 10-17 years old.
 - Children 9 and under should have parental supervision at all times.
 - All activities must be approved by the church board and recorded in the board minutes.
 - All volunteers must be approved through the Shield the Vulnerable program.
 - The two-adult rule must always be followed for every activity.
- *Have at least one other adult, eighteen (18) years of age or older, to help with the supervision of children. If I find myself in a situation where I am the only adult present, under no circumstances will I allow myself to be alone with one child (the “two-person rule”). This protects the child as well as protecting the adult from possible allegations. (Code of Conduct)*
- *Adult sponsors should never be alone with a child/youth, even in private counseling moments. Private conversations can be held in locations in which another adult is present, but out of earshot. This important safeguard is as much for the safety of the sponsor as it is for the young person. (Adventist Risk Management)*

Onsite Location

1 adult to 10 minors

Our site locations

- Church
- School
- Conference
- Camp Winnekeag

Offsite Location

1 adult to 6 minors

Any or all facilities that are not operated by the Southern New England Conference.

**Ratios are given to guide with overall group size of adults to children.*

**A minimum of two adults is always required.*

Remote or Extreme Location

1 adult to 4 minors

SNEC Youth Department Strongly Recommends to exceed minimum standards including:

- **Minimum of 4 adult chaperones for all activities.**
- **Supervising adults be age 21 and above.**

YOUTH MINISTRY OVERNIGHT GUIDELINES (AGES 10-17)

Pathfinders/AY/Other Church Activities for this Age Group

- Sleeping areas for boys and girls should be separate and supervised by two adults of the same gender as the group being supervised.
- A minimum of three youth, ages 10-17, per tent/room.
- Adults and youth must never share a tent other than with his or her own parent or guardian.
- Male and female adult leaders must have separate sleeping facilities. Married couples may share the same quarters if appropriate facilities are available.
- If separate shower and latrine facilities are not available, separate times for male and female use should be scheduled and posted. Likewise, youth and adults must shower at different times.





Basic Travel Checklist

- ✓ Church board approval
- ✓ Forms (Trip Permission/Health Information/Consent for Medical Treatment)
- ✓ Adequate number of chaperones/volunteers for trip (including travel)
- ✓ Approved chaperones/volunteers/drivers (Shield the Vulnerable)
- ✓ Statement of vehicle insurance coverage
- ✓ Travel insurance (extended trips)

www.snecyouth.org

YOUTH MINISTRY OVERNIGHT GUIDELINES (CHILDREN UNDER 10)

Adventurers

Effective after current 2015 Adventurer Spring Escape

- In the event of an Adventurer Family Camping experience, a parent or legal guardian **MUST** accompany their own child(ren) at all times. No exceptions.

Note: This guideline makes a provision for Adventurers to camp, but only with their parent(s) or legal guardian.

- Parents or legal guardians are not permitted to grant permission to Adventurer Staff to take their minor children overnight camping under any circumstances. No Exceptions.
- Adventurer Staff are not permitted to accept permission or release forms from a parent or legal guardian to take their minor child(ren) camping overnight. No exceptions.
- Adventurer Staff is prohibited from sleeping with children that are not their own. No exceptions.
- Adventurers are not permitted to sleep in tents or cabins unsupervised. Neither are they permitted to sleep with another child, except they are siblings and the parent(s) is present. No exceptions.



DRIVER INFORMATION SHEET



DRIVER INFORMATION (Attach copy of your Valid Driver's License)

All drivers shall be properly licensed and comply with all Federal, state and/or provincial laws for the class of vehicle being operated. The recommended minimum age for drivers shall be twenty-one (21) years. A minimum allowable age of nineteen (19) years old may be granted with the approval of the conference officers. The driving record (Motor Vehicle Record) of each driver shall be obtained from state/provincial records and reviewed on a regular basis. Drivers shall have an acceptable driving record during the previous three years with not more than two traffic citations and no at-fault accidents while driving any vehicle. When a driver does not meet the above driving standard, he/she shall not be assigned to or retained for a driving position.

Church Name _____ Club Name _____

Full Name _____ Date of Birth _____

City _____ State _____ Zip Code _____

Phone Number(s) Home: _____ Mobile _____

Driver's License # _____ State Issuing License _____ Expiration Date _____

VEHICLE INFORMATION (for each vehicle being used)

Name of Owner _____ Year of Vehicle _____

Address _____

City _____ State _____ Zip _____

Make of Vehicle _____ Model of Vehicle _____

License Plate Number _____ Expiration _____

INSURANCE INFORMATION (A copy of your Statement of Coverage must be attached)

Volunteers who use personal vehicles in an infrequent basis for ministry purposes (such as Adventurer/Pathfinder events) must carry a minimum of \$100,000 per person/ \$300,000 per occurrence limits of liability.

CERTIFICATION

I certify that the above information is correct and accurate to the best of my knowledge and ability. I understand that in order to provide transportation for Adventurer/Pathfinder/Youth Group related activities; I must be at least 21 years of age and possess a valid driver license, current vehicle registration and required insurance coverage.

I understand that when providing transportation for minors, I am acting as an adult chaperone, and will conduct myself accordingly with respect to the expectations and guidelines of the Southern New England Conference of the Seventh-day Adventist Church.

Signature _____ Date _____



Adventist Risk Management, Inc.



Personal Vehicle Usage Guidelines

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".
- Refer to the North American Division Working Policy, section S 60 31 *Vehicle Insurance* and Section Y 29 *Automobile Policy*.
- Must be at least 21 years old.
- Copy of the Drivers License appropriate for the vehicle being used
- Employees and volunteers who use personal vehicles on an *infrequent* basis must 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.)
- Copy of the driver's proof of insurance (insurance card).
- 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.
- Make sure the owner understands that his insurance is responsible for any damage done by the vehicle or to the vehicle.
- 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.
- Verify that the vehicle is in good working order (tires, wiper blades, all lights, etc.).
- 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.
- Do not overload vehicles.
- Require occupants to wear seatbelts.
- No "Distracted Driving" (no cell phone, texting, eating, drinking, reading, navigation system adjustments, or boisterous children discipline while vehicle is in motion)
- For long trips, ensure that there are sufficient drivers so that no one is required to drive more than three hours at a stretch.

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

ARM -9/08

SNEC - revised 8/15



SEVENTH-DAY
ADVENTIST
CHURCH

Southern New
England Conference

Youth Department

PO Box 1169
34 Sawyer Street
South Lancaster, MA 01561-1169
Telephone: (978) 365-4551
Fax: (978) 365-3838
www.SNECYouth.org

DATE: July 18, 2016
TO: All Churches, Schools, and Adventurer/ Pathfinder Clubs in SNEC
FROM: Ruthie Linthwaite, Associate Treasurer
RE: **15 Passenger Vans**

In the interest of safety, the Southern New England Conference advises departments, churches and schools **against** the purchase, lease, rental or use of fifteen-passenger vans for sponsored activities. If you choose to rent a fifteen-passenger van, there is no liability coverage available through the conference. You must ensure that the company you wish to rent the vehicle from has insurance available for you to purchase and that it meets the North American Division's minimum policy requirement of \$1,000,000 per occurrence. If they do not offer that amount of insurance, then you should not rent the vehicle.

Currently owned fifteen-passenger vans shall be properly maintained and the driver is required to conduct a pre-trip inspection to determine if the vehicle is in safe operating condition.

Fifteen-passenger vans shall not be allowed to tow a trailer or use a roof mounted luggage/equipment rack.

It is recommended that all drivers who operate a fifteen-passenger van be licensed with a minimum of a Commercial Drivers License (CDL) or better in accordance with Federal or State laws in the local jurisdiction.

The recommendations above are in response to the nation-wide record that clearly shows that fifteen-passenger vans are involved in more frequent and more serious accidents than other classes of passenger-carrying vehicles. It has been shown that the design and weight distributions of these vans, coupled with the inexperience of the driver, have made them very unsafe.

Thank you for your attention to this matter.



ADVENTURER/PATHFINDER CLUB OUTING/TRIP PERMISSION SLIP



I, _____, the parent/legal guardian of
(Print Parent/Legal Guardian's Full Name)

_____, do hereby give permission for my child
(Print Child's Full Name)

to attend _____ at _____
Event Name Event Location

in _____, _____.
Event City or Town Date(s)

My child has permission to travel with the Club trip leaders and drivers selected and approved by my church board, and sponsored by my local Seventh-day Adventist Church.

I understand that my child will be chaperoned by either myself (if I am going), and/or adult leaders and club staff member while on this trip. **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.**

Additionally, if I am driving children to, or during this event, I have completed and given to the club director my completed and signed Driver's Information Sheet, as well as my Youth Children's Ministry Volunteer Form, (which is due whether or not I am a driver). 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. If I am not accompanying my own child, I may be reached at the following number.

Parent/Legal Guardian Printed Name Telephone Number(s)

If I cannot be reached, please call _____
Printed Name of Emergency Contact Person

at _____
Phone Number(s)

Please be advised that the activities of this club will be recorded using pictures, videos, and brief summaries of participation in events/activities for use in club/conference websites, newsletters, marketing materials, presentations, and social media (including but not limited to: Facebook, YouTube, Twitter, Instagram, etc.)

Parent/Legal Guardian Signature: _____

Witness Signature: _____

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. You must complete one for every pathfinder outing or trip.

NOTE: MUST BE ACCOMPANIED WITH THE MEDICAL CONSENT FORM.

Southern New England Conference of the Seventh-day Adventist Church
Adventist Youth Ministries Department
Pathfinder Club Formal Inspection Report

Club Name _____

Inspection Date _____

Inspector's Signature _____

DRILLING AND MARCHING 10pts

Satisfactory Needs Improvement

Fall In	_____	_____
Dress-Right-Dress/Ready Front	_____	_____
Cover	_____	_____
Present and Order Arms	_____	_____
Hand Salute	_____	_____
Parade Rest	_____	_____
Prayer Attention	_____	_____
At Ease	_____	_____
Attention	_____	_____
Left & Right Face	_____	_____
About Face (2 times)	_____	_____
Fall Out	_____	_____
Coordination and precision when responding to commands	_____	_____

CLUB ACHIEVEMENT 10pts

Satisfactory Needs Improvement

Pathfinder Uniforms? (see attached)	_____	_____
Basic IA Classes taught?	_____	_____
Advanced IA Classes taught?	_____	_____
All units working on honor?	_____	_____
All Units working on crafts?	_____	_____
All units doing Share Your Faith?	_____	_____
Club participating in Recreational activity?	_____	_____

CLUB PROGRAM 10pts

On Time Start	_____	_____
Pathfinder Pledge & Law	_____	_____
Pledge of Allegiance to US Flag	_____	_____
Pledge to the Christian Flag & Bible	_____	_____
Pathfinder Song	_____	_____
Opening Prayer	_____	_____
Opening Song	_____	_____
Devotional	_____	_____
Director's Opening Remarks	_____	_____
Written Schedules & Plans	_____	_____
Program Variety	_____	_____
Closing Announcements	_____	_____
On Time Finish	_____	_____

FACILITY 2pts

Adequate size meeting area?	_____	_____
Adequate lighting? Inside & out	_____	_____
Heating/Cooling?	_____	_____
Adequate storage?	_____	_____
Adequate work areas/tables?	_____	_____
Visual monitoring in all areas	_____	_____
Restroom supervision	_____	_____

CLUB EQUIPMENT 10pts

Parade Banner	_____	_____
American Flag (displayed properly)	_____	_____
Pathfinder Flag (displayed properly)	_____	_____
Unit Guidons w/unit emblems	_____	_____
Unit Guidons in good conditions	_____	_____
Adequate First Aid Kit	_____	_____
Adequate camping equipment	_____	_____
Staff and Honor Manuals	_____	_____
Fire Extinguisher	_____	_____

CLUB LEADERSHIP 3pts

Staff Uniforms?	_____	_____
Staff Participating in Meeting	_____	_____
Staff sets leadership example	_____	_____

ADMINISTRATION 3pts

# Pathfinders inspected	_____	_____
matches forms	_____	_____
# Staff inspected	_____	_____
matches forms	_____	_____
All staff/volunteers are	_____	_____
Shield the Vulnerable approved	_____	_____

DISCIPLINE 5 pts

Open Ceremony Quiet/orderly	_____	_____
Manners and conduct is courteous	_____	_____
Decorum before, during, and after the meeting	_____	_____
Orderliness and obedience, before during, and after the meeting	_____	_____

Inspector(s) would like to commend your club for:

Inspector(s) feel your club could improve by:

Southern New England Conference of the Seventh-day Adventist Church
Adventist Youth Ministries Department
Pathfinder Uniform Inspection

Club Name _____ Inspection Date _____

Total # of Pathfinders/Staff Inspected _____ Inspector Signature _____
(do not include helpers)

- Instructions:**
1. Club Director or designee will accompany the inspector
 2. Make a tally mark for each Pathfinder/Staff inspected in the appropriate complete or incomplete column
 3. Review tally marks for each item and mark the appropriate points in the # of Points column & TOTAL at the bottom

Description	Complete	Incomplete	# of Points
Basic Uniform – 100 points possible (for each item: 25 - all complete, 20 - one incomplete, 15 - > 1 incomplete, 0 – all incomplete)			
Black pants/slacks/skirt			
Tan shirt/blouse			
Girls Uniformity (skirts or pants & sleeve length)			
Guys Uniformity (pants & sleeve length)			

Accessories – 30 points possible (for each item: 5 - all complete, 3 - > 1 incomplete, 0 – all incomplete)			
Black belt with Pathfinder buckle			
Black shoes			
Black tie (staff only)			
Black socks/nylons			
Honor sash			
Scarf and slide			

Patches and Pins – 40 points possible (for each item: 5 - all complete, 3 - > 1 incomplete, 0 – all incomplete)			
Class agreement (pin, chevron, pocket strip)			
Club name strip			
Pathfinder triangle patch			
SNEC patch			
Atlantic Union patch			
World patch			
Pathfinder name tag – STAFF ONLY			
Pathfinder triangle pin on front of sash			

Other – 30 points possible (for each item: 5 - all complete, 3 - > 1 incomplete, 0 – all incomplete)			
Long sleeve undershirt (None or BLACK only)			
No unauthorized patches/pins			
Patches stitched/ironed on neatly			
All other authorized pins placed correctly			
Shoes clean and polished			
Uniforms pressed and clean			
Total – 200 points possible			

**SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST
CHURCH**

Adventist Youth Ministries Department



PATHFINDER BIBLE EXPERIENCE - 2017

BOOKS TO STUDY:

The books to study for 2017 are Galatians, Ephesians, Philippians, Colossians, 1 Timothy and 2 Timothy.

BIBLE VERSIONS:

English: New King James Bible

Spanish: Reina Valera 1995

French: Version Louis Segond en Français

REGISTRATION DEADLINE:

Area Level: January 6, 2017

EVENT DATES:

Area Level: February 4, 2017

Conference Level: March 4, 2017

Union Level: March 25, or before March 25, 2017

Division Level: April 14-15, 2016

PATHFINDER BIBLE EXPERIENCE COORDINATOR:

Eliezer (Eli) Ortiz

Mobile Number: 978.895.5770

Email: Ortiz_pthfndr@yahoo.com

For more information and to register visit: www.snecyouth.org



Club Uniform
Policy and
Calendar Coming
Soon