

# 2021-2022 Adventurer Secretary Packet



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## **Important information to remember:**

1. Submit Certification Application forms no later than **October 1, 2021**
2. Mail, fax or deliver the individual monthly reports by the **10<sup>th</sup> of each month.**
3. Be sure each staff member and volunteer has a copy of the **GUIDELINES FOR VOLUNTEERS** to complete. **Make sure they give you the GUIDELINES**, and keep them with you for your records. They need to complete the volunteer verification by **October 15, 2021.**

2020-2021 AdventSource Code: **ArizonaClubs#2022**

# 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 10<sup>th</sup> as the information must be submitted to Adventist Risk Management for insurance purposes.

Club Certification Application

Director's form

Adventurer Membership List

*(Do not send Adventurer Applications)*

Yearly Staff 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

Or by email to: [az\\_adventurers@yahoo.com](mailto:az_adventurers@yahoo.com)

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 10<sup>th</sup> 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

## 2021-2022

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 fully filled in and with the two required signatures.  
Mail to Adventurer Ministries: P.O. Box 12340, Scottsdale, AZ 85267*

Or by email to: az\_adventurers@yahoo.com

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**Arizona Conference Youth Ministries**

## Club Charter Application: Part 2

Director's Name \_\_\_\_\_

Club Name \_\_\_\_\_

Church Name \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

FAX Number (if available): \_\_\_\_\_ Birthday: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Arizona Conference Adventurer Ministries  
P.O. Box 12340  
Scottsdale, AZ 85267  
Phone: 408-991-6777 ext. 117  
Email: az\_adventurers@yahoo.com

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

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**Arizona Conference Youth Ministries**



# 2021-2022 Part 3: Staff Registration Form

This page must be submitted, with complete **Charter Application**, to the Arizona Youth 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 2020-2021.

Esta parte debe presentarse con la **Aplicación del club** y con toda la información de los voluntarios, para poder recibir su certificación. Las siguientes personas están trabajando actualmente como oficiales y personal de nuestro club y desean inscribirse en la Conferencia de Arizona para el año 2020-2021 de los Aventureros.

- Important rule:** Do not recruit a volunteer who has been a church member for less than six months.
- Regla muy importante:** No incluya voluntario en el club si no han sido miembros de la iglesia por al menos 6 meses

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

Church: \_\_\_\_\_ Director's Name \_\_\_\_\_

**Title/Título:** Director, Deputy Director, Secretary, Teacher, etc / Director, Director Asociado, Secretaria, Maestro, etc.

\* If any of your club volunteers have not completed the "Adventist Screening Verification" in or after 2020, please ask them to complete the following form training: <https://www.ncsrisk.org/adventist/> we will also send them an email with this information to the email you will provide in this form.

\*Si alguno de los voluntarios de su club no ha completado "La verificación de antecedentes Adventista Sterling" en o después del 2020, favor de pedirles que completen su entrenamiento en el siguiente enlace: <https://www.ncsrisk.org/adventist/> Nosotros también enviaremos esta información al correo electrónico del voluntario que usted incluirá en esta forma.

1. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020? \_\_\_\_ Yes(Si) \_\_\_\_ No

2. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020? \_\_\_\_ Yes(Si) \_\_\_\_ No

3. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020? \_\_\_\_ Yes(Si) \_\_\_\_ No

**Title:** Director, Deputy Director, Secretary, etc

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

4. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

5. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

6. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

7. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

8. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

9. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

10. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

11. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

**Title:** Director, Deputy Director, Secretary, etc

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

12. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

13. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

14. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

15. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

16. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

17. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No

18. Staff Name/Nombre: \_\_\_\_\_ Title/Título: \_\_\_\_\_

Email: \_\_\_\_\_ DOB/ Fecha de nacimiento \_\_\_\_\_

Telephone/Télefono: \_\_\_\_\_ Has this volunteer completed the "Adventist Screening Verification" in or after 2020?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2020?  Yes(Si)  No



# 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 2021-2022.

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

Church: \_\_\_\_\_ Director's Name \_\_\_\_\_

Adventurer	Birthdate	Current Class
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
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## 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** "Adventist Screening Verification" online at <https://www.ncsrisk.org/adventist/> 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 and keep on file for your records

## Aplicación de Club 5/GUIA DE PROCEDIMIENTO PARA VOLUNTARIOS

Debido a que nuestra sociedad está llena de dolor, problemas y demandas legales causados por la conducta inapropiada de adultos que trabajan con niños y jóvenes, es imperativo que quienes trabajan con niños en las iglesias tengan pautas de conducta para protegerse a sí mismos y a aquellos bajo su cuidado. Como voluntario del ministerio, usted quiere que los padres y otros se sientan cómodos y confiados con usted. Aquí hay algunas pautas prácticas:

1. **Nunca deje a un niño o grupo de niños bajo su cuidado desatendidos.** Proporcionar una supervisión adecuada en todo momento.
2. **SIEMPRE** tener a otro adulto de 18 años o mayor con usted al estar con los niños. Si usted se encuentra en una situación donde usted es el único adulto presente con los niños, **BAJO NINGUNA CIRCUNSTANCIA** debe quedarse solo con un niño. Busque a otra persona lo más pronto posible (no tienen que ser un líder de clubes) y luego continuar.
3. **Siempre pida el permiso de una persona antes de tocarlo** en cualquier lugar, incluso cuando responda a una lesión o problema. Esto es especialmente cierto para cualquier área que normalmente estaría cubierta por una camiseta y/o pantalones cortos. Si una lesión se encuentra dentro de esta área, asegúrese de que otro adulto este presente mientras usted da atención médica.
4. **Los castigos físicos y abusos verbales son inapropiados** y nunca deben usarse como disciplina. "Tiempo fuera" o "sentarse en esa silla" pueden ser métodos útiles con los niños.
5. **Los niños necesitan ser tocados apropiadamente.** Sin embargo, mantenga los abrazos breves y "hombro a hombro" o "lado a lado". Siempre mantenga sus manos en (no debajo) el nivel del hombro. Un beso protector es sólo en la frente o mejilla, no en otra parte. Para los niños pequeños que les gusta sentarse en las piernas, animarlos a sentarse a su lado.
6. **Cuando lleve a los niños pequeños al baño-** lleve a otro adulto o deje la puerta abierta.

Esté atento a las señales y síntomas del abuso; Tenga en cuenta los requisitos legales en su localidad para reportar abuso infantil. En casi todos los lugares, un cuidador puede ser considerado legalmente responsable por no reportar sospecha o abuso infantil real.

Sea amable, firme y siempre sea profesional como líder. Trabajar con niños y jóvenes en la iglesia no es sólo un privilegio; También es una responsabilidad importante que debe desarrollarse con el máximo cuidado. Como voluntario, se espera que usted participe en programas de orientación y entrenamiento conducidos por la iglesia o conferencia.

Adventist Risk Management y la División Norteamericana recomiendan las siguientes reglas para los líderes. Estas sirven como protección para usted y para su ministerio contra cargos de abuso:

- Usted necesita llenar la solicitud titulada "Adventist Screening Verification" en línea en <https://www.ncsrisk.org/adventist/> Favor de preguntar a su Pastor de iglesia si necesita más información.
- La regla de seis meses. No invite a una persona a ser voluntario que sea recién bautizada o que tiene menos de seis meses como miembro de iglesia.
- La regla de dos personas. Tener al menos dos adultos presentes en todo momento.
- La regla de la ventana. Si la puerta del aula no tiene vidrio o ventana, la puerta debe dejarse abierta, de modo que el líder está a plena vista.

**Yo, el firmante, he leído las guías mencionadas arriba y acepto cumplirlas. Mi director mantendrá este original y guardaré una copia de este formulario firmado para referencia.**

\_\_\_\_\_  
Firma de voluntario

\_\_\_\_\_  
Fecha firmada

Llene la forma VMI y guárdela en su archivo para sus records

# Monthly Reports

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## 2021-2022

This Section includes:

- Monthly Reports- DUE ON THE 10<sup>th</sup> OF EVERY MONTH
- Monthly News- OPTIONAL (if you have something to share please fill out)
- Community Outreach Report- SUBMIT AT LEAST TWICE A YEAR
- Family Networking Meeting Report- MINIMUM FOUR TIMES A YEAR (ideally every two months)

Esta Sección incluye:

- Reporte Mensual- ENTREGUE CADA 10 DEL MES
- Noticias Mensuales- OPCIONAL (si tiene algo que compartir por favor llene el documento)
- Reporte: Alcance a la comunidad- ENTREGUE POR LO MENOS DOS VECES AL AÑO
- Reporte: Reunión de Red Familiar- MINIMO CUATRO VECES AL AÑO. (idealmente que se haga cada dos meses)

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

FAX: 480-991-4833

Or Email: az\_adventurers@yahoo.com

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 O No
- 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 O Yes O No
- O Arizona Conference Adventurers Facebook contribution (<https://www.facebook.com/AZAdventurers>)  
\_\_\_\_\_
- O Adv. Staff Meetings # \_\_\_\_\_ % attendance \_\_\_\_\_
- O Family Network Meeting \_\_\_\_\_

Awards Completed

Month: \_\_\_\_\_ Year: \_\_\_\_\_

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

# Arizona Adventurer Club

## Monthly News

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

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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.)

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

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Month: \_\_\_\_\_

Year: \_\_\_\_\_

# Arizona Adventurer Club Community Outreach Report

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

Director: \_\_\_\_\_

Name of Activity \_\_\_\_\_

Explanation of Activity \_\_\_\_\_

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Report:

Where the 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?

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Month: \_\_\_\_\_

Year: \_\_\_\_\_



# Arizona Adventurer Club Family Network Meetings Report

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

Director: \_\_\_\_\_

Date of Activity: (Please indicate the corresponding month you are reporting for and write the date that activity took place during that month.)

October \_\_\_\_\_  December \_\_\_\_\_  February \_\_\_\_\_  April \_\_\_\_\_

Other \_\_\_\_\_

Name of Activity \_\_\_\_\_

Description of Activity \_\_\_\_\_

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Where the activity took place: \_\_\_\_\_

Number of Families Reached: \_\_\_\_\_ SDA \_\_\_\_\_ Non SDA \_\_\_\_\_

Literature Distributed: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Literature \_\_\_\_\_

Attendance: Club Families \_\_\_\_\_ % Non Club member families \_\_\_\_\_ %

Did you organize this activity or did you work with another organization and/or church ministry?

No  Yes, which? \_\_\_\_\_

How did this meeting impact the families involved? \_\_\_\_\_

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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

# Noticias Mensuales

## Club de Aventureros de Arizona

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

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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.)

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

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Mes: \_\_\_\_\_

Año: \_\_\_\_\_

# Reporte de Alcance a la Comunidad

## Club de Aventureros de Arizona

Nombre de club: \_\_\_\_\_

Director: \_\_\_\_\_

Nombre de actividad: \_\_\_\_\_

Explicación de actividad \_\_\_\_\_

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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?

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Mes: \_\_\_\_\_

Año: \_\_\_\_\_

# Reporte: Reunión de Red Familiar Club de Aventureros de Arizona

Nombre de Club: \_\_\_\_\_

Director: \_\_\_\_\_

Fecha de la actividad: (Por favor marque el mes correspondiente y escribe la fecha de la actividad en la línea en la cual realizo la actividad.)

Octubre \_\_\_\_\_  Diciembre \_\_\_\_\_  Febrero \_\_\_\_\_  Abril \_\_\_\_\_  
 Otra \_\_\_\_\_

Nombre de Actividad \_\_\_\_\_

Explicación de Actividad \_\_\_\_\_

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Donde ocurrió la actividad: \_\_\_\_\_

Número de Familias Alcanzadas: \_\_\_\_\_ ASD \_\_\_\_\_ No ASD \_\_\_\_\_

Asistencia: Familias del club \_\_\_\_\_ % Familias no miembros del club \_\_\_\_\_ %

¿Esta actividad la realizo usted o fue en conjunto con alguna organización y/o ministerio de la iglesia?

No  Si; cual? \_\_\_\_\_

¿Como impacto esta reunión s sus familias? \_\_\_\_\_

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Mes: \_\_\_\_\_

Año: \_\_\_\_\_

# Adventurer Final Report

## 2021-2022

Deadline date: April 14, 2022

Club Name \_\_\_\_\_

Director \_\_\_\_\_

Club Members to be invested:

Baby Birds \_\_\_\_\_

Curious Cubs \_\_\_\_\_

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 \_\_\_\_\_

# Adventurer Club Membership Application



Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Pre-k K 1 2 3 4  
Circle one

Parent/guardian name(s) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Prov. Zip/PC

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/guardian email \_\_\_\_\_

Church \_\_\_\_\_ School \_\_\_\_\_

Check level(s) the child has completed:  Little Lamb  Eager Beaver  Busy Bee  
 Baby birds  Sunbeam  Builder  Helping Hand  
 Curious Cubs

## Pledge

Because Jesus loves me, I will always do my best.

## Law

Jesus can help me to: Be obedient, Be pure, Be true, Be kind, Be respectful, Be attentive, Be helpful, Be cheerful, Be thoughtful, Be reverent.

## Applicant Commitment

I, \_\_\_\_\_, want to join the \_\_\_\_\_.  
Name of applicant Club name

I will attend meetings, activities, field trips, and other club activities. I will proudly wear my Adventurer uniform and obey club guidelines. I will be cheerful, helpful, honest, kind, and courteous.

\_\_\_\_\_  
Signature of Adventurer

## Parent/Guardian Commitment

As parent/guardian, I understand that the Adventurer Club is active and includes many opportunities for service, adventure, fun, and learning. I will support the program by:

1. Encouraging my Adventurer to take an active part in all club meetings and functions.
2. Attending events in support of my Adventurer.
3. Assisting club leaders by serving as a helper when needed.
4. Not holding any individual club staff member liable in the event of an accidental injury.
5. Giving my permission for the above named Adventurer to attend Adventurer activities.

\_\_\_\_\_  
Signature of parent/guardian