

2024-2025 Adventurer Secretary Packet



www.azsdayouth.com

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**For club records only (do not send to the Conference office/
Solamente para record del club local (no enviar a la Conferencia):**

- Adventurer Registration Form
 - Forma de registro para los Aventureros
- Permission Form Waiver (to be used for each field trip)
 - Permiso para salidas (se deberá llenar uno para cada excursión)
- Medical Consent Form (notarization is not required)
 - Formulario de Consentimiento Médico (no necesita ser notarizado)
- Guidelines for Volunteers
 - Guia para voluntarios
- Coordinators and Areas
 - Coordinadoras y sus Áreas

Important information to remember

1. Submit Application forms no later than **September 19, 2024** Application forms includes: Club Charter Application Part I, Part II, Staff Registration Form, Adventurers Membership List and Video/Photography Release Form.
2. Submit online your monthly reports by the **10th 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. The staff needs to complete the volunteer verification by **October 10, 2024** to receive the Certificate of Operation.
4. Adventurer Uniform Guide can be downloaded here:
<https://www.clubministries.org/adventurers/adventurer-uniform/>

✚ **AdventSource Code:** ArizonaClubsCode2025

Conference Events

✚ **TBD:** Leadership Training

✚ **November 3, 2024:** Adventurer Fun Day
(must have certificate of operations to participate) Deberán de tener el Certificado de operaciones para participar

✚ **February 2, 2025:** Adventurer Director's Meeting- AZ Conference Office

✚ **February 21-22, 2025:** AZSDAKids Leadership Training and VBS Expo

✚ **May 2-4, 2025:** Adventurer Family Camp- Camp Yavapines

Certificate of Charter And Yearly Awards

All Arizona Conference clubs must apply for the **Certification of Operation**. The following forms need to be received by October 10th 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
Video/Photo Release Form (one per Adventurer)

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: Gcorella@azconference.org

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 Operation**.
2. The club **report forms** are submitted online by the 10th of each following month.
3. The club must be represented at the **Adventurer Leadership Convention**.
4. The club must attend the **Adventurer Fun Day**.
5. The club must have an **Induction Service, Adventurer Sabbath, Family Blessings Service and Investiture Service**.
6. The club must have at least **four Family Network Meetings** (*report for each meeting must be send*).
7. The club must have at least **one Community Outreach** project (will not count If report is not received, at least two reports in the year; It can be one long-term project or two different projects).
8. The club must have at least **two club meetings each month** (investiture requirement/classwork).

Club Charter Application: Part 1

2024-2025

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 children's salvation, benefit and enjoyment. 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) _____

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 vehicle 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 completed fully with the two required signatures.
Mail to Adventurer Ministries: P.O. Box 12340, Scottsdale, AZ 85267

Or by email to: Gcorella@azconference.org

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 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: 480-991-6777 ext. 106

Or by email: Gcorella@azconference.org



2024-2025 Part 3: Staff Registration Form

This page must be submitted, with complete **Club 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 2024-2025.

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 2024-2025 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 training and background check: <https://www.ncsrisk.org/adventist/>

*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 y verificación de antecedentes en el siguiente enlace: <https://www.ncsrisk.org/adventist/>

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 2024-2025.

Club Name: _____

Church: _____ Director's Name _____

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

Classes by Age/ Clases por Edades:

Little Lamb/ Corderitos - Pre-K

Busy Bee/ Abejitas Industriosas - 1st Grade

Builders/ Constructores - 3rd Grade

Eager Beaver/ Castorcitos - Kindergarden

Sunbeam/ Rayitos de Sol - 2nd Grade

Helping Hands/ Manos Ayudadoras - 4th Grade

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

Baby Birds and Curious Cubs Adventurer Membership List

Classes by Age/ Clases por Edades:

Baby Birds: 2 years old

Curious Cubs: 3 years old

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 2024-2025.

Club Name: _____

Church: _____ Director's Name _____

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

Part 5: Videography/Photography Release Form

This letter confirms the agreement between you and Adventurer Program regarding your participation in approved Adventurer activities in which you may be photographed or videotaped (the Property) from time to time.

For valuable consideration received, you hereby irrevocably grant to the Adventurer Program, perpetually, exclusively, and for all media throughout the world (including print, non theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of the your participation in approved activities of the Adventurer Program.

You hereby agree that you will not bring or consent to others bringing claim or action against the Adventurer Program on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity.

You hereby release the Adventurer Program, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of action, suits, costs, expenses, liabilities and damages whatsoever that you may hereafter have against the Adventurer Program in connection with the Property.

This agreement shall not obligate the Adventurer Program to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. The Adventurer Program shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this _____ day of _____, 20_____.

Participant's Signature

Witness

Signature of Parent or Guardian

Witness

Print Name of Participant: _____

Telephone Number: (____) _____

Monthly Reports

2024-2025

This Section includes:

- Monthly Reports- DUE ON THE 10th 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 ANTES DEL DÍA 10 DE CADA 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 via online www.azsdayouth.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 ON _____
- O Induction Ceremony _____
- O Adventurer Sabbath _____
- O Adventurer Blessings Service _____
 Investiture Ceremony _____
- O Adv. Club Evaluation (w/Coordinator) _____ (date) _____
- O Field Trips/Camping _____
 Activity _____
- O Club Community Outreach _____
 Activity _____
- O Adventurer Family Retreat _____ % attendance:
 station/activity at Family Retreat Oyes Ono
- O Adv. Staff Meetings # _____ % attendance _____
- O Family Network Meeting _____ % attendance:

Awards Completed

Club Name: _____
 Director: _____

Preferred Contact Information: _____

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

Address: _____

 usually meet on (day) _____
 _____ () a.m. () p.m.

Enrollment:

Families: __ SDA __ Non SDA

 __ Baby Birds __ Curious Cubs
 __ Little Lambs __ Eager Beaver
 __ Busy Bee __ Sunbeam
 __ Builder __ Helping Hand

---SAMPLE ONLY---
 FORM MUST BE FILLED
 OUT ONLINE

Month: _____

Year: _____

Arizona Adventurer Club Community Outreach Report

Club Name: _____

Director: _____

Name of Activity _____

Explanation of Activity _____

**---SAMPLE ONLY---
FORM MUST BE FILLED
OUT ONLINE**

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?

Month: _____

Year: _____

Arizona Adventurer Club Family Network Meetings Report

Club Name: _____

Director: _____

Date of Activity: (Please indicate the date that activity took place) _____

Name of Activity _____

Description of Activity _____

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? _____

Month: _____

Year: _____

**---SAMPLE ONLY---
FORM MUST BE FILLED
OUT ONLINE**

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 O No

O Ceremonia de Inducción _____

O Sábado de Aventureros _____

O Regalo de Inducción _____

O Ceremonia de Investidura _____

O Evaluación de Club (c/coordinadora) fecha _____

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 Reuniones con el Personal # _____ % asistencia _____

O Reuniones de Red Familiar _____ % asistencia _____

Galardones Completados _____

Mes: _____

Año: _____

Nombre de Club: _____

Director: _____

Información de contacto preferido _____

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

Sección _____

normalmente los reuniones (día)

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

Membresía:

Familias: __ ASD __ Non ASD

__ Pajaritos __ Cachorros Curiosos

__ Ovejitas __ Castores

__ Abejitas __ Rayitos de Sol

__ Constructor __ Mano Ayudadora

**EJEMPLO SOLAMENTE -
ESTA FORMA DEBE
LLENARSE EN LINEA**

Reporte de Alcance a la Comunidad

Club de Aventureros de Arizona

Nombre de club: _____

Director: _____

Nombre de actividad: _____

Explicación de actividad: _____

Reporte: _____

Donde ocurrió la actividad: _____

Numero de familia alcanzadas: _____ ASD _____ Non ASD _____

Literatura Distribuida: Si _____ No _____ Nombre de Literatura: _____

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

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

¿Cómo ha impactado este proyecto a sus aventureros?

Mes: _____

Año: _____

**---EJEMPLO SOLAMENTE---
ESTA FORMA DEBE
LLENARSE EN LINEA**

Reporte: Reunión de Red Familiar Club de Aventureros de Arizona

Nombre de Club: _____

Director: _____

Fecha de la actividad: (Por favor escriba en la línea la fecha en que se realizó la actividad.)

Nombre de Actividad: _____

Explicación de Actividad: _____

Donde ocurrió la actividad: _____

Número de Familias Alcanzadas: ASD _____ No ASD _____

Asistencia: Familias del club _____ % Familias no miembros del club _____ %

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

[] No [] Si ¿Cuál? _____

¿Como impacto esta reunión s sus familias? _____

Mes: _____

Año: _____

**---EJEMPLO SOLAMENTE---
ESTA FORMA DEBE
LLENARSE EN LINEA**

Adventurer Final Report 2024-2025

Deadline date: April 24, 2025

Club Name _____

Director _____

Clubs must have a coordinator visit between November and February

Club Members to be invested (with coordinator):

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 6 yrs/años- 1st grade
4 yrs/años- PreK 5 yrs/años- K
 Baby birds 2 yrs/años } Optional Sunbeam Builder Helping Hand 9 yrs/años-4th grade
7 yrs/años- 2nd grade 8 yrs/años- 3rd grade
 Curious Cubs 3 yrs/años } classes

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

Permission Form Waiver

I _____, the parent of _____ ("my child"), give permission for my child to attend the field trip to _____.
Location of field trip

I understand that personal injury can and may occur to my child, and I hereby authorize _____, or another appointed youth advisor, to seek and consent to emergency Leader of the trip. medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release _____, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.
Name of organization sponsoring the event

I give permission for my child to ride in any vehicle designated by _____, its employees and adult volunteers, while participating in and traveling to and from this event.
Name of organization sponsoring the event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of _____, properties visited on outing, other's personal property, or vehicles used for transportation.
Name of organization sponsoring the event

I agree and consent to all of the above stated.

Parent Signature

Date

Emergency Contact Name

Phone Number

Relationship to person attending field trip

Adventurer Club Medical Consent

Adventurer name _____ Birth date _____

Address _____
Street City State/Prov. Zip/PC

Phone _____

Date of last tetanus booster _____

Allergies to drugs or foods _____

Medications _____

List any restrictions _____

Contact Information for Parents/Guardians:

Parent/guardian _____
Name Phone Email

Parent/guardian _____
Name Phone Email

Emergency contact (friend or relative) _____
Name Phone

Family physician _____
Name Phone

Physician's address _____
Street City State/Prov. Zip/PC

Authorization to Treat a Minor

I (we), the undersigned parent or legal guardian of: _____
The above named Adventurer

In case of emergency, I hereby give permission to the physician selected by the club staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

As parent or legal guardian of the applicant, I am in favor of him/her attending club functions and accept the conditions named. The health history stated is correct so far as I know, and the person herein described has permission to engage in all prescribed club activities except as noted. In addition I have read and understand the Emergency Authorization Statement and give my full consent to the terms found therein. Permission for photocopying of this form is granted.

Signature of parent/guardian

Date

This section is for the notary to sign if your state/providence requires it. **(Not required in Arizona)**

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 (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

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

AZ ADVENTURER COORDINATORS AND AREAS 2024-2025

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SOUTHERN AREA		
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