



2026-2027 ADVENTURER SECRETARY PACKET



www.azsdayouth.com

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- Monthly reports and Monthly news
 - Reportes y Noticias Mensuales
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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
- Insurance Information
 - Información sobre Seguro
- Traveling with Minors- Information
 - Información sobre Viajes con Menores

Important information to remember

1. Submit Application forms no later than **September 10, 2026** 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 **September 24, 2026** to receive the Certificate of Operation.
4. Adventurer Uniform Guide can be downloaded here:
<https://www.clubministries.org/adventurers/adventurer-uniform/>

 **AdventSource Code: ARIZONACLUBS2027**

Conference Events

-  **August 28-30, 2026:** Leadership Convention- Camp Yavapines, Prescott, AZ
-  **November 1, 2026:** Adventurer Fun Day
(must have certificate of operations to participate) **Deberán de tener el Certificado de operaciones para participar**
-  **February 7, 2027:** Adventurer Director's Meeting- AZ Conference Office
-  **February 25-27, 2027:** VBS Leadership Training
-  **April 30- May 2, 2027:** 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**.
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).
9. The club must have at least one visit from their area coordinator between the months of November-February.
10. **Turn in final report form** and minimum of 80% on track for investiture.

Club Charter Application: Part 1

2026-2027

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

Arizona Conference Youth Ministries



2026-2027

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 2026-2027.

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 2026-2027 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 2025, 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 2025, 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2025?

Este voluntario ha completado los requisitos de la Verificación Sterling en o después del 2025? ____ 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 2026-2027.

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 2026-2027. Club Name:

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, 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_____.

Adventurer's Name

Witness

Signature of Parent or Guardian

Witness

Print Name of Participant/Adventurer: _____

Telephone Number: (____) _____

Please check the box below if you do not give permission for your child to be photographed or recorded during Conference-level events.

Please note that you will be responsible for placing a clearly visible label on your child's shirt at each Conference-level event so that the media team is aware that your child should not be photographed or recorded. At the beginning of each event, you must also notify the Conference representative in charge and show them the label so they can inform the media team.

You are still required to complete the information above; simply check the box below to indicate that you do not grant permission.

I do not agree to and do not give permission for my child to be photographed
or recorded during Conference-level events.

Monthly Reports

2026-2027

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 O No

O Induction Ceremony _____

O Adventurer Sabbath _____

O Adventurer Blessings Service _____

O 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

Month: _____

Year: _____

Club Name: _____

Director: _____

Preferred Contact Information: _____

Number of Adventurer Club Meetings

duty-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.

**--SAMPLE ONLY--
MUST BE FILLED**

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.)

Outline

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

Month:

Year:

Arizona Adventurer Club Community Outreach Report

Club Name: _____

Director: _____

Name of Activity _____

Explanation of Activity _____

Report:

Where 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: _____

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

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: _____

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 O No

O Reuniones con el Personal # _____ % asistencia _____

O Reuniones de Red Familiar _____ % asistencia _____

Galardones Completados _____

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

Mes: _____

Año: _____

Noticias Mensuales

Club de Aventureros de Arizona

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

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

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

LLENARSE

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

Mes:

Año:

Reporte de Alcance a la Comunidad

Club de Aventureros de Arizona

Nombre de club: _____

Director: _____

Nombre de actividad: _____

Explicación de actividad: _____

Reporte: _____

Donde ocurrió la actividad: _____

Numero de familia alcanzadas: _____ ASD _____ Non ASD _____

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

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

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

¿Cómo ha impactado este proyecto a sus aventureros?

Mes: _____

Año: _____

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: _____

Adventurer Final Report

2026-2027

Deadline date: April 1, 2027

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 _____

(FOR CLUB USE ONLY- DO NOT SEND TO THE CONFERENCE OFFICE)



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:

☐ Baby birds 2 yrs/años

☐ Curious Cubs 3 yrs/años

} Optional
classes

☐ Little Lamb
4 yrs/años- PreK

☐ Sunbeam
7 yrs/años- 2nd grade

☐ Eager Beaver
5 yrs/años- K

☐ Builder
8 yrs/años- 3rd grade

☐ Busy Bee 6 yrs/años- 1st grade

☐ Helping Hand 9 yrs/años-4th grade

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

(FOR CLUB USE ONLY- DO NOT SEND TO THE CONFERENCE OFFICE)

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

(FOR CLUB USE ONLY- DO NOT SEND TO THE CONFERENCE OFFICE)

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)**

(FOR CLUB USE ONLY- DO NOT SEND TO THE CONFERENCE OFFICE)

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

(PARA USO INTERNO DEL CLUB- FAVOR DE NO ENVIAR A LA CONFERENCIA)

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

Adventurer Final Report- Investiture

Club Name: _____

Church: _____

Club Director: _____

Phone _____ Email (print clearly) _____

Coordinator Present during Investiture: _____

[illegible]

[illegible]

AZ ADVENTURER COORDINATORS AND AREAS 2026-2027

Manny Cruz	mannycruz@azconference.org	Arizona Conference Adventurer Director
Elda Diaz	az_adventurers@yahoo.com	Arizona Conference Adventurer Assistant Director
PHOENIX AREA - ENGLISH CLUBS		
Ugonna Woods	p2eace@yahoo.com (602)793-1704	1. Apache Junction 2. Chandler 3. Clearview 4. Community Hope 5. Glendale 6. Mesa Palms 7. Paradise Valley 8. Phoenix Camelback 9. Phoenix South Mountain 10. Scottsdale Thunderbird
Elda Diaz	az_adventurers@yahoo.com (602)793-9873	
PHOENIX AREA- SPANISH CLUBS		
Aracely Diaz	chely_rashel@yahoo.com (602)670-3230	1. Avondale & Buckeye 2. Central Valley 3. Chandler 4. East Valley 5. Faro del Este 6. El Mirage 7. Glendale 8. Mesa 9. Monte Vista 10. North Valley Spanish 11. Peoria 12. Phoenix Central Spanish 13. Phoenix Deer Valley 14. Phoenix Paradise Valley 15. Shalom 16. West Valley
Gladys Gonzalez	gladys_31@msn.com (928)580-2129	
SOUTHERN AREA		
Marlene Navarro	rymporvida@aol.com (520)870-0148	1. Douglas Spanish 2. Sahuarita SDA 3. Tucson Central Spanish 4. Tucson Desert Valley 5. Tucson Esperanza Spanish 6. Tucson Fil-Am
NORTHERN AREA		
Elda Diaz	az_adventurers@yahoo.com (602)793-9873	1. Bullhead & Lake Havasu 2. Camp Verde 3. Prescott
WESTERN ARIZONA AREA		
Ugonna Woods	p2eace@yahoo.com (602)793-1704	1. San Luis Spanish 2. Yuma

CERTIFICATE OF QUALIFICATION

TO TRANSPORT

MINORS BY PRIVATE VEHICLE

This form, along with a photocopy of the proof of vehicle insurance, is to be on file with the participating church.



BEFORE YOU DRIVE

The undersigned is volunteering to drive a motor vehicle for transporting minors on a church sponsored/authorized activity, and hereby certifies that the following information is true and correct.



I have completed a **Volunteer Screening/Background Check**.



I have a current standard or higher **driver's license**.



I have an **acceptable driving record** during the previous three years with no more than two traffic citations and no at-fault accidents while driving any vehicle.



I am at least **25 years old**.



I have provided a photocopy of my current **vehicle insurance card** to the church office.



The automobile I will be driving is **insured** in compliance with local state laws.



TRANSPORTATION SAFETY RULES

1



The number of riders shall not exceed the seating capacity with safety restraints.

2



Open trucks or open pickups shall not be used to transport people.

3



The use of trailers, moving vans, and 15-passenger vans are prohibited for use in transporting people.

4



When using campers, verbal communication must be available at all times between driver and all passengers. When motor homes are used to transport people, seating capacity shall be adhered to strictly.

5



Each vehicle shall have two adults as much as possible: driver and another **at least 21 years of age** when transporting minors.

6



Travel in a group as much as possible.

7



Each vehicle must carry the event **Parental Consent & Medical Release** forms for each child in the vehicle.



Driver's Signature _____

Date _____

Name of Insurance _____

Policy Number _____



CHURCH NAME: _____

(Retain completed form with church records)



FORMULARIO PARA TRANSPORTAR MENORES EN VEHÍCULO PRIVADO

(Este formulario, junto con una fotocopia del comprobante de seguro del vehículo, deberá estar archivado en la iglesia participante.)



ANTES DE CONDUCIR

- 1 El firmante se ofrece como voluntario para conducir un vehículo motorizado con el fin de transportar menores en una actividad patrocinada/autorizada por la iglesia, y por la presente certifica que la siguiente información es verdadera y correcta.



He completado una **Evaluación de Voluntarios / Verificación de Antecedentes**.



Poseo una **licencia de conducir vigente**, estándar o de nivel superior.



Tengo un **historial de conducción aceptable** durante los últimos tres años, con no más de dos citaciones de tráfico y sin accidentes por los cuales haya sido responsable mientras conducía cualquier vehículo.



Tengo al menos **25 años** de edad.



He proporcionado una fotocopia de mi tarjeta de **seguro vehicular vigente** a la oficina de la iglesia.



El automóvil que conduciré está **asegurado** de conformidad con las leyes estatales locales.



REGLAS DE SEGURIDAD EN EL TRANSPORTE

2



El número de pasajeros no deberá exceder la capacidad de asientos con cinturones de seguridad.

3



No se utilizarán camiones abiertos ni camionetas abiertas para transportar personas.

4



Se prohíbe el uso de remolques, camiones de mudanza y camionetas de 15 pasajeros para el transporte de personas.

5



Al utilizar casas rodantes (campers), debe haber comunicación verbal disponible en todo momento entre el conductor y todos los pasajeros. Cuando se utilicen casas móviles (motor homes) para transportar personas, se deberá respetar estrictamente la capacidad de asientos.

6



Cada vehículo deberá contar con dos adultos cuanto sea posible: el conductor y otro adulto de al menos **21 años de edad** cuando se transporten menores.

6



Viajar en grupo tanto como sea posible.

8



Cada vehículo deberá llevar los formularios de **Consentimiento Parental y Autorización Médica** del evento para cada niño que viaje en el vehículo.



Firma del Chofer _____

Fecha _____

Compañía de Seguro _____

Número Póliza _____





TRIPS

- 1 All trips and any meetings conducted off the church premises must be **pre-approved by the church board**, whether day trips or overnight trips.
- 2 If the trip has been previously approved by the church board and if the trip is being led by a church elected director/leader, the **Arizona Conference General Liability Insurance** automatically covers the group, however each Pathfinder Club is strongly encouraged to purchase **supplemental group insurance** to provide an additional layer of coverage for Pathfinder activities.
- 3 All volunteer drivers and chaperones should have completed the **Sterling Volunteer Screening Child Protection Training and Background Check**.
- 4 Appropriate **auto insurance coverage**** should be in place prior to any trip for any personal vehicles driven. Drivers should be at **least 25 years of age** and have a good driving record (no more than two traffic citations and no "at-fault" accidents).
- 5 **Written consent (permission slip)** by a parent or guardian specifically for each trip and related activities must be obtained well in advance.
- 6 There must be **adequate, gender-appropriate, supervision** for boys and girls.
- 7 Arrangements and procedures must be put in place to ensure that rules are followed and **appropriate boundaries** are maintained.
- 8 The provision of **appropriate and adequate sleeping arrangements** should be ensured in advance of the trip.
- 9 Sleeping areas for boys and girls should be **separate and supervised by two adults of the same gender** as the group being supervised. If in an emergency situation, an adult considers it necessary to be in a child's sleeping areas without another adult being present he or she should immediately inform another adult in a position of responsibility.



**** \$250,000/\$500,000 Bodily Injury Liability – \$100,000 Property Damage Liability – \$250,000/\$500,000 Underinsured & Uninsured Motorist**



TRANSPORTATION

- 1 When transporting children or youth, there should be **two adults in each vehicle** as much as possible. The driver's responsibility must be focused on the highway and traffic conditions. They cannot safely drive and provide vehicle supervision at the same time.
- 2 The use of **15 passenger vans is not approved** for use in church and school sponsored events by the Arizona Conference.



TRAVELING WITH MINORS

- 1 Volunteers should **not travel alone** with a child or young person. If only one adult is available, there should be a minimum of two children or young people present for the entire journey.
- 2 If an emergency situation arises where it is necessary to travel alone with a child, the child's **parent or guardian** should be informed immediately.





VIAJES

- 1 Todos los viajes y reuniones que se realicen fuera de las instalaciones de la iglesia deben ser **aprobados previamente por la junta de la iglesia**, ya sean viajes de un día o viajes de varios días.
- 2 Si el viaje ha sido aprobado previamente por la junta de la iglesia y si el viaje está dirigido por un director/líder electo de la iglesia, el **Seguro de Responsabilidad Civil General de la Conferencia de Arizona** cubre automáticamente al grupo, pero se sugiere que cada Club de Conquistadores adquiera el **seguro suplementario** para proporcionar una capa adicional de cobertura para las actividades de los Conquistadores.
- 3 Todos los conductores y acompañantes voluntarios deben haber completado la capacitación de **protección infantil y verificación de antecedentes de Sterling Volunteer Screening**.
- 4 Se debe contar con una **cobertura de seguro de auto adecuada**** antes de cualquier viaje para cualquier vehículo personal. Los conductores deben tener **al menos 25 años** de edad y un buen historial de conducción (no más de dos multas de tránsito y ningún accidente con culpa).
- 5 Se debe obtener el **permiso por escrito** de un padre o tutor específicamente para cada viaje y actividades relacionadas.
- 6 Debe haber una **supervisión adecuada y apropiada para cada género** para niños y niñas.
- 7 Se deben establecer **acuerdos y procedimientos** para garantizar que se cumplan las reglas y se mantengan **límites apropiados**.
- 8 Las áreas de dormir para niños y niñas deben estar **separadas y supervisadas por dos adultos del mismo sexo** que el grupo supervisado. Si, en una situación de emergencia, un adulto considera necesario estar en las áreas de dormir de un niño sin la presencia de otro adulto, debe informar inmediatamente a otro adulto con responsabilidad.



**** \$250,000/\$500,000 Responsabilidad por lesiones corporales – \$100,000 Responsabilidad por daños a la propiedad – \$250,000/\$500,000 Conductor sin seguro o con seguro insuficiente**



TRANSPORTE

- 1 Al transportar niños o jóvenes, siempre debe haber **dos adultos en cada vehículo** hasta donde sea posible. La responsabilidad del conductor debe centrarse en la carretera y las condiciones del tráfico. No puede conducir con seguridad y supervisar el vehículo al mismo tiempo.
- 2 El uso de **camionetas de 15 pasajeros no está aprobado** para su uso en eventos patrocinados por la Conferencia de Arizona.



VIAJES CON MENORES

- 1 Los voluntarios **no deben viajar solos** con un niño o joven. Si solo hay un adulto disponible, debe haber **al menos dos niños o jóvenes** presentes durante todo el viaje.
- 2 Si surge una situación de emergencia en la que sea necesario viajar solo con un niño, se debe **informar inmediatamente al padre o tutor** del niño.

