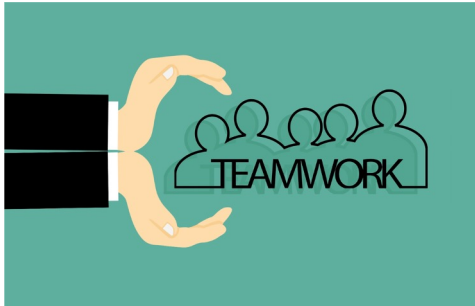




Pathfinder Club Organization & Programming



DARIBEL ALVAREZ
COORDINATOR CENTRAL WEST

Steps In Organizing a Pathfinder Club

**Counsel with the Conference
Youth Department**

**Meet with your
Pastor**

**Present the plan to the church
board.**



Second meeting of the Church Board to elect Pathfinder Director and Staff.

Inform the congregation during the worship service.

Pathfinder Staff.





Breakout





Certificate of Operation

This acknowledges that the

Pathfinder Club

has been officially recognized as a Pathfinder Club for the current Pathfinder year.

commencing _____ and concluding _____

and is recognized as such by the

Conference of Seventh-day Adventists

and is entitled to all rights and privileges thereof.



Conference President

Conference Pathfinder Director

2023 CLUB REGISTRATION

WHAT IS INCLUDED IN THE REGISTRATION?

PATHFINDERS

1. Yearly Club Membership
2. 12 Months Insurance
2. Record Journal
3. Record Card
4. Class Pin (if you get invested)
5. Class Chevron (if you get invested)
6. Class Strip (you guessed it... if you get invested)
7. A Pathfinder Club Sticker
8. The baptismal pin (if you get baptized)

DIRECTOR, INSTRUCTOR PARENT & VOLUNTEER

1. Yearly Club Membership
2. 12 Months Insurance
3. Instructor's Guide (Optional)
4. A Pathfinder Club Sticker

PATHFINDER YEARLY PLANNING FORM



Dear directors and staff members,

When creating the plan for the year ahead, please keep in mind that every child is an individual and they have different things they like and different things that they are good at. Try to include different activities that will help each pathfinder develop as an individual while at the same growing closer in a group. Remember to switch around your teaching style based on how each of your pathfinders learn. When making the plan for the year ahead, keep in mind the kids that you are working with and think about ways to get each pathfinder to have a closer relationship with God.

Club:		Year:				
Mission, Vision, Goals, and Theme						
	Meeting Dates	Honors to Teach	Activities/Nature	Outreach	Other	Budget
January						
February						
March						
April						
May						

June						
July						
August						
September						
October						
November						
December						

CALENARIO CONQUISTADORES

2023

ENERO	ACTIVIDADES
7	REUNION DE PADRES
8	PRIMERA REUNIÓN (FIESTA DE AÑO NUEVO)
21	AWAKEN
FEBRERO	
4	CLASE
5	MANUALIDAD DE AMISTAD
18	OBRA MISIONERA (IMPACTO DE AMOR)
	📌 REGALAR COMIDA, TARJETA PERSONALIZADA POR LOS NIÑOS
MARZO	
4	CLASE
5	ESPECIALIDAD DE BANDERAS / MARCHAS
18	LANCASTER



Breakout



PATHFINDER MEMBERSHIP APPLICATION 2023

This confidential information will be kept for club use only.

Directors: Please keep this application for your records when going camping or on fieldtrips.



Membership Requirements:

- Be at least 10 and in the 5th Grade or under age 18
- Faithfully attend scheduled club activities
- Agree to follow the guidelines set forth by the local club including paying fees
- Follow the Pathfinder Pledge (*By the grace of God, I will be pure, kind, and true. I will keep the Pathfinder Law. I will be a servant of God and a friend to man.*)
- Follow the Pathfinder Law (*Keep the morning watch. Do my honest part. Care for my body. Keep a level eye. Be courteous and obedient. Walk softly in the sanctuary. Keep a song in my heart. Go on God's errands.*)

Child's Personal Information		Application Date: _____	
Last Name		First Name	
Birthdate		Age	
Grade		School	
Home Address			
Baptized?		Baptism Date	
Religious Affiliation		Home Church	
Other Personal Information?			

Parent / Guardian #1 Info		Relationship to child: _____ Does the child live with this person? _____	
Last Name		First Name	
Address		Phone #1	
Email		Phone #2	

Parent / Guardian #2 Info		Relationship to child: _____ Does the child live with this person? _____	
Last Name		First Name	
Address		Phone #1	
Email		Phone #2	

Alternate Emergency Contacts		Relationship to child: _____ Does the child live with this person? _____	
Name		Phone	
Name		Phone	

NEW JERSEY CONFERENCE OF SDA PATHFINDER MEDICAL INFORMATION



Health Information			
Food Allergies		Medication Allergies	
Physical Restrictions		Medical Conditions	
Preferred Local Hospital		Physician (Name & Phone)	
Insurance Company		Insurance Policy Number	
Diet Restrictions			
Current Medications	Medication Name	Dose Administered	Time/Frequency Administered
	Reason for Administering		
Health History	<input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Sinus Trouble <input type="checkbox"/> Earache <input type="checkbox"/> Ear Tubes <input type="checkbox"/> Fainting <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Bedwetting <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Constipation <input type="checkbox"/> Stomach Ache <input type="checkbox"/> Diabetes <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Menstrual Problems <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Poison Oak/Ivy Allergy <input type="checkbox"/> Other: _____		
	Past Illness/Surgery Hospitalization/		
Immunizations	<input type="checkbox"/> DTP Series <input type="checkbox"/> Polio/OOPV <input type="checkbox"/> Measles <input type="checkbox"/> German Measles/Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Tuberculin Test <input type="checkbox"/> Mumps <input type="checkbox"/> Chicken Pox <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other: _____		
	Other Health Information?		

APPROVAL SECTION:

Parent/ Guardian Consent:

As a parent or legal guardian of _____, I am in favor of him/her attending all club functions and accept the membership conditions named above. In consideration of the benefits derived from membership, I hereby voluntarily waive any claim against the club of the New Jersey Conference of Seventh-day Adventists for any accidents which may arise in connections with the activities of the Pathfinder Club. (This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.) The health history as stated is correct as far as I know, and the person herein described has permission to engage in all prescribed club activities. I give permission for my child to be photographed and his/her picture posted on club and New Jersey Conference of SDA social media and web sites. I will assist the applicant in observing the rules of the Pathfinder organization and will encourage him/her to take part in all club activities. I agree to pay the fee required for Pathfinder membership with the conference. Permission for photocopying this information and health record is granted for use by the Pathfinder Club only. I also consent for my child to be transported for club activities, in private, church owned vehicles or other mode of transportation.

Authorization to Treat a Minor:

I (we) the undersigned parent or legal guardian of _____, in case of emergency, hereby give permission to the physician selected by the club director to hospitalize, secure proper treatment, and to order injections or anesthesia for my child. The health history as stated above is correct as far as I know. A photocopy of this shall be valid as the original. I consent for club staff to administer over-the-counter drugs at their discretion with parent notification.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

VOLUNTEER STAFF MEDICAL INFORMATION

Each staff member should complete the following form.
This confidential information is for club use only and will not be provided to the conference office.



Name: _____			
Health Information			
Food Allergies			Medication Allergies
Physical Restrictions			Medical Conditions
Preferred Local Hospital			Physician (Name & Phone)
Insurance Company			Insurance Policy Number
Diet Restrictions			
Current Medications	Medication Name Dose Administered Time/Frequency Administered Reason for Administering		
Health History	___ Asthma ___ Hay Fever ___ Sinus Trouble ___ Earache ___ Ear Tubes ___ Fainting ___ Tuberculosis ___ Diarrhea ___ Bedwetting ___ Kidney Disease ___ Constipation ___ Stomach Ache ___ Diabetes ___ Sleepwalking ___ Epilepsy ___ Rheumatic Fever ___ Heart Trouble ___ Glasses/Contacts ___ Menstrual Problems ___ Bee Sting Allergy ___ Poison Oak/Ivy Allergy ___ Other: _____		
Past Illness/Surgery Hospitalization			
Immunizations	___ DTP Series ___ Polio/OOPV ___ Measles ___ German Measles/Rubella ___ Tetanus ___ Tuberculin Test ___ Mumps ___ Chicken Pox ___ COVID-19 ___ Other: _____		
Other Health Information?			

Emergency Contact 1

Name		Phone 2	
Phone		Relationship	

Emergency Contact 2

Name		Phone 2	
Phone		Relationship	

NEW JERSEY CONFERENCE OF SDA VOLUNTEER STAFF APPLICATION FORM



Personal Information		Application Date: _____	
Last Name		First Name	
Birthdate		Phone	
Address			
Email			
Marital Status		Name of Spouse	
Name/Age of Children			
Religious Affiliation		Home Church	
Do you now have, or have you had any injury/sickness that might limit your involvement in Children's/Youth Ministries activities? YES or NO If YES, Describe:			
Have you ever been accused, charged, or disciplined for any unlawful sexual conduct, child abuse, and/or child sexual abuse? YES or NO If YES, Describe:			

Work Experience That Would Qualify You to Work with Children / Youth:

Job Title	Description of Duties	Date	Location

References who can verify you are suitable for work with Children / Youth:

Pastor:	City:	State:	Phone:
Name:	City:	State:	Phone:
Name:	City:	State:	Phone:

Verified Volunteers

Every adult age 18+ should complete the Verified Volunteers training & background check at <http://www.ncsrisk.org/adventist/> provide proof of completion.

I have read and understand the Personal Vehicle Usage Recommendations (Please initial to the right)

Note: Volunteer staff cannot begin work until their background and driving record checks have cleared. The above information is accurate to the best of my knowledge. I understand the information will be kept confidential in my club files.

Signature: _____ Date: _____

Breakout



3. Memoriza el voto y la ley del Conquistador.



El voto del Conquistador

Por la gracia de Dios,
Seré puro, bondadoso y leal.
Guardaré la ley del Conquistador.
Seré un siervo de Dios, y amigo
da la humanidad.

La ley del Conquistadora

La ley del Conquistador me
manda a:
Observar la devoción matutina.
Cumplir fielmente con la parte
que me toca.
Cuidar mi cuerpo.
Tener una mirada franca.
Ser cortés y obediente.
Andar con reverencia en la
casa de Dios.
Conservar una canción en el
corazón.
Trabajar para Dios.





2023 Calendar

Jan	8 20-22 28	Basketball and Volleyball Fun Day at Tranquility AWAKEN! Director's Meeting/Coordinator's Meeting Children's Ministries Sabbath School Training
Feb	4 12 17-19 25	Zone PBE SKI Trip Single Young Adult Retreat Confession PBE
Mar	11 18 18-25 24-26	Union PBE BLUE MOUNTAIN ACADEMY, PA Global Youth Day Youth and Young Adult Week of Prayer Children's Ministries Convocation
Apr	16 21-23 21-22	Enrichment Day/Director's Meeting/Coordinator's Meeting Young Adults/FLT Retreat Division PBE (CAMP, FL)
May	14-18 19-21 20 28	Adventurer Scarf Week Adventure World Adventure Day Children's Ministries-Mother and Daughter Tea Party
Jun	16-17 18 23-24 25	English Camp Meeting Soccer Tournaments at Tranquility Camp Spanish Camp Meeting Soccer Tournament at Tranquility Camp
Jul	2-29	F.L.A.G. Camp
Aug	3-6 18-20 27	Pathfinder Camporee Master Guide Camporee Father and Son Field Trip
Sept	10-16 15-17 16	Pathfinder Scarf Week Pathfinder Classione World Pathfinder Day
Oct	7 8 14 27-29	Children's Sabbath Children's Festival Director's Meeting/Coordinator's Meeting (via zoom) Teen Retreat
Dec	1-3 10 17	Awaken! Winter Games (basketball and volleyball) by Zones Winter Games (basketball and volleyball) by Zones



Breakout



UNIFORM



GIRL



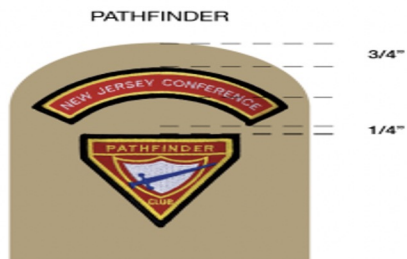
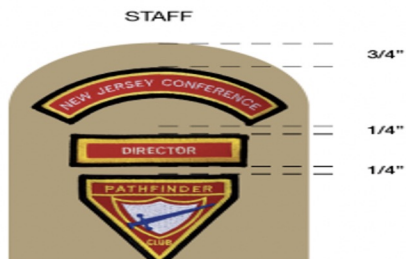
- Black Skirt or Pants (by Club)
- Tan Blouse
- Black Sash
- Neckerchief & Slide
- Dress Shoes
- Black Pathfinder Belt
- Black Socks or Tan Hose (by Club)
- Black Tuxedo Tie (Staff Only)
- Berets are optional



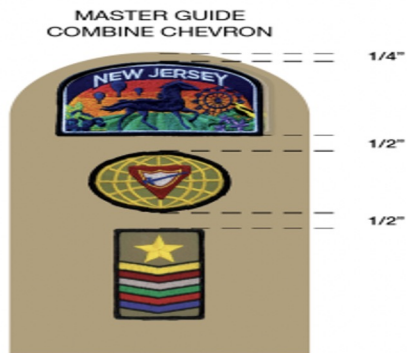
BOY

- Black Pants
- Tan Shirt
- Black Sash
- Black Socks
- Neckerchief & Slide
- Black Dress Shoes
- Pathfinder Belt
- Black Tie (Staff Only)
- Berets are optional

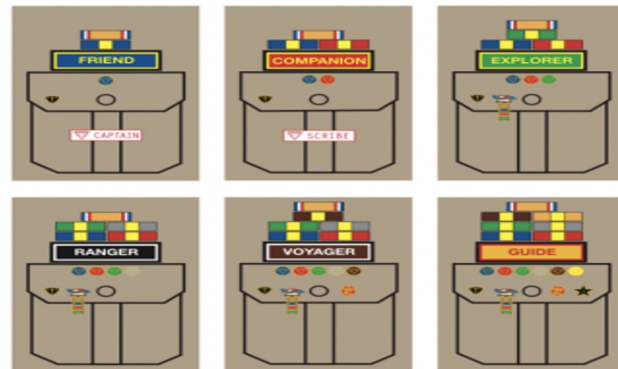
RIGHT SLEEVE



LEFT SLEEVE



LEFT POCKET



PROPER BERET SETTING



Breakout



HONOR

TRIPS



MONTHLY
FEE

CRAFT
SUPPLY



**PATHFINDER
CLUB
DIRECTOR'S
MANUAL
2023**



Adventurer
Club

Pathfinder Club

Children's
MinistriesYouth
MinistriesYoung Adult
MinistriesAdult
MinistriesPastors'
ResourcesTeachers'
Resources

eFiles

Sale

Shop by
catalog #

First Aid Basic I

Variation:

RESTRICTED

Format: Patch

Samples:[First Aid Basic Requirements \(PDF, 293 KB\)](#)[First Aid Basic Worksheet \(PDF, 92.1 KB\)](#)[First Aid Basic Requirements - Spanish \(PDF, 145.1 KB\)](#)[First Aid Basic Worksheet - Spanish \(PDF, 92.4 KB\)](#)

DESCRIPTION



Home

AY Honors ▾

Investiture
AchievementMaster
GuideClub
Ministries◀ Recent
changesSubmit Honor
Idea

Search Pathfinder W



AY Honors

Other languages: [Deutsch](#) • [English](#) • [español](#) • [français](#) • [português do Brasil](#)

AY Honors afford a rich and varied palette of topics for young people to explore and experience. Though the honors are tailored to young people from grades 5 through 10, even older people enjoy earning them.

Honors are grouped into the following categories:

[Arts, Crafts and Hobbies](#)[Health and Science](#)[Household Arts](#)[Nature](#)[Outdoor Industries](#)[Recreation](#)[Spiritual Growth, Outreach and Heritage](#)[Vocational](#)

These pages show other categories of honors and awards:

[Master Awards](#)[New AY Honors](#)

NEW JERSEY CONFERENCE OF SDA
IMPORTANT RESOURCES



NJCYOUTH MINISTRIES:

www.njcyouth.com/pathfinders

NEW JERSEY CONFERENCE:

www.njcsda.org

NJCYOUTH FACEBOOK:

<https://www.facebook.com/njcyouthofficial>

NAD CLUB MINISTRIES:

www.clubministries.org/pathfinders

GC CLUB MINISTRIES:

www.gcyouthministries.org/ministries/pathfinders

ADVENTSOURCE

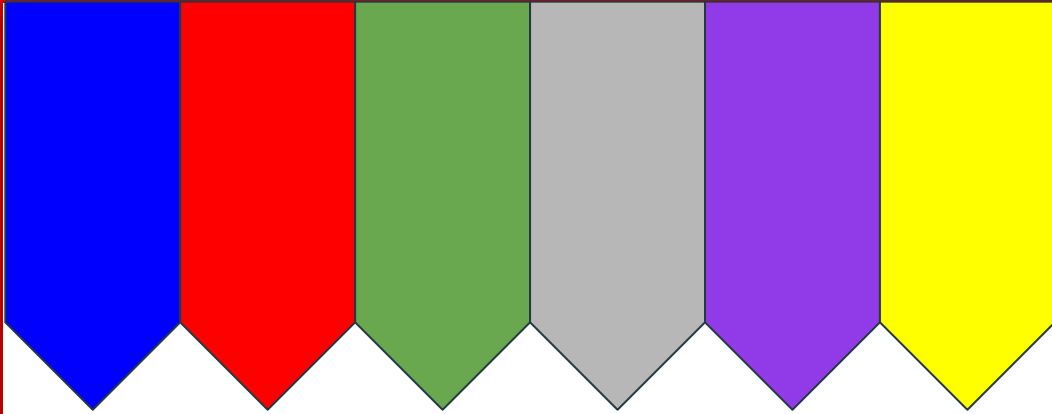
www.adventsource.com

PATHFINDERSHIRTS

www.pathfindershirts.com

PATHFINDER BIBLE EXPERIENCE

www.nadpbe.org



THANK YOU
GOD BLESS YOU ALL

NJCYOUTH 
DISCIPLING YOUNG PEOPLE FOR CHRIST