

# ADVENTURER CLUB CHARTER APPLICATION



Sponsoring Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Elected Club Director: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

## PHILOSOPHY OF THE ADVENTURER MINISTRY

The Adventurer Club is a Seventh-day Adventist Church-sponsored ministry to children aged 6 to 9 years old. There are also the Little Lamb and Eager Beaver segments for children aged 4 and 5, respectively. Around the world we have nearly 700,000 children enrolled in the Adventurer ministry. This ministry was created to assist parents in their important responsibilities as a child's primary teachers and evangelizers. The program aims to strengthen the parent/child relationship and further the child's development in spiritual, physical, mental and social areas. In this way the church, home and school can work together with the parent to develop a mature, happy child.

The church's greatest resource is our children; therefore, it is imperative that as a church we meet the challenge to provide a ministry for our children during their early, formative years. We want right habits, thoughts, motives, dispositions, and attitudes to be established.

The Wise Man wrote, "Bring up a child in the way he should go, and when he is old he will not turn from it." (Proverbs 22:6). This is more than a cliché – it is a Bible principle which assures parents that the lessons learnt in childhood will last a lifetime. Following the Lord will however, depend on the child's choices. The Adventurer ministry assists parents in guiding children to Christ.

## Your Commitment to Adventurer Ministry

We, the undersigned, have read, understand, and are in full agreement with the above Philosophy of the Adventurer Ministry and agree to support our club through those means with which the Lord has blessed this church, including finances, staff volunteers, securing a place to meet, transportation on outings, and other such needs as may arise in the fulfillment of this ministry, and to assist and support the work of the Adventurer Ministry in this conference and around the world.

### **Signatures:**

Church Pastor \_\_\_\_\_ Head Elder \_\_\_\_\_

Church Clerk: \_\_\_\_\_ Club Director: \_\_\_\_\_

Date Approved by Church Board: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Please return this application to the Conference Adventurer Director (Fax: 1-352-735-3562).**

This Adventurer Club Charter Application is sent to every church in the Southeastern Conference by the Conference Adventurer Specialist. The purpose is to allow the church leadership to convey its request to the Conference for the organization of an Adventurer Club in the local church.



**PLEASE SUBMIT THIS PAGE WITH YOUR ANNUAL CHARTER REGISTRATION PACKAGE MAKE AS MANY COPIES AS NEEDED**

CLUB NAME: \_\_\_\_\_

CHURCH: \_\_\_\_\_

DIRECTOR'S NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

<b>NO.</b>	<b>ADVENTURER NAME</b>	<b>M/F</b>	<b>DATE OF BIRTH</b>	<b>CURRENT CLASS</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



## ADVENTURER HEALTH RECORD

Name (child) \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_

Allergies to drug or food:

\_\_\_\_\_  
\_\_\_\_\_

Special Medications or Pertinent Information:

\_\_\_\_\_

List any Restrictions

\_\_\_\_\_  
\_\_\_\_\_

Telephone numbers where parents may be reached:

Father Name. \_\_\_\_\_ Cell # \_\_\_\_\_

Mother Name \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Phone (friend or relative) \_\_\_\_\_ Tel. # \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Tel. # \_\_\_\_\_

Family Physician Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_

### Authorization to Treat a Minor

I (We) the undersigned parent parents or legal guardian of: \_\_\_\_\_

Name of Adventurer

In case of emergency, I hereby give permission to the Physician selected by the club directors 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 have read and understand the Emergency Authorization statement and give my full consent to the terms found therein. Permission for photo copying of this health record is granted.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201 .

Personally Known \_\_\_\_\_ or Produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary

Seal

# MINISTRY VOLUNTEER Information



## Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City ZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

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

Previous Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

SDA Church Member:  Yes  No Previous Church: \_\_\_\_\_

## PERSONAL REFERENCES

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

## Volunteer Administrator Section

Volunteer Position: \_\_\_\_\_ Department: \_\_\_\_\_

Ministry Leader: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Date Approved: \_\_\_\_\_



## Adventurer Club Registration Form

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

### Applicant Information:

Check class /classes you have been invested in:  Little Lamb  Eager Beaver  
 Busy Bee  Sunbeam  Builder  Helping Hand

I \_\_\_\_\_ want to join the  
\_\_\_\_\_ Adventurer Club. I will attend meetings, activities, field trips, and other club activities. I will proudly wear my Adventurer uniform and obey club guidelines. I will abide by the Adventurer pledge and law.

### **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.

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

### Consent of Parent / Guardian:

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

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

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date



## Club Health Record and Insurance Information

Adventurer's Name: \_\_\_\_\_

Allergies to foods/drugs: \_\_\_\_\_

Any Special Medications of pertinent information:

Date of Last Tetanus Booster: \_\_\_\_\_

Activity Restrictions:

Family Physician:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Business Phone*

Physician's Address:

Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

The above named minor is not covered by health insurance:

### Emergency Authorization Statement to Treat a Minor

I (we) the undersigned parent, or legal guardian of

\_\_\_\_\_  
Hereby consent to injection, anesthesia, x-ray examination, medical or surgical diagnosis or treatment and hospital service, that may be rendered to secure proper treatment for my child, under the instructions of the physician selected by the club directors. It is understood that reasonable effort will be made to contact the doctor listed, before any other physician is called by the organization, unless necessary for life saving measures. 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. I hereby release from liability of any kind and character upon any claim, demand or cause of action, which might be asserted in behalf of said minor, against the

\_\_\_\_\_  
SDA Church, its authorized representatives and staff. In addition I have read and understand this Emergency Authorization Statement, and give my full consent to the terms found therein. Permission to photo-copy this form and its use in a confidential manner, for the operation of the organization is granted.

\_\_\_\_\_  
*Signature of Parent / Guardian*

\_\_\_\_\_  
*Date*



# ADVENTURER MINISTRIES

## SOUTHEASTERN CONFERENCE OF SEVENTH-DAY ADVENTISTS

### Monthly Report

Month: \_\_\_\_\_ Club name: \_\_\_\_\_

Director: \_\_\_\_\_ Director's phone: \_\_\_\_\_

Number of Adventurer children: \_\_\_\_\_ Number of staff: \_\_\_\_\_

Number of families served: \_\_\_\_\_

Meeting Day: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

Number of meetings this month: \_\_\_ Working on class-work this month? Yes \_\_\_ No \_\_\_

	Boys	Girls
How many in each class:		
Little Lambs:	_____	_____
Eager Beavers:	_____	_____
Busy Bee	_____	_____
Sunbeam	_____	_____
Builder	_____	_____
Helping Hand	_____	_____

Working on Awards: Yes \_\_\_ No \_\_\_ If yes, please list the Awards.

Crafts completed Yes \_\_\_ No \_\_\_ If yes, please list the crafts.

Field trip: Yes \_\_\_ No \_\_\_ If yes Where? \_\_\_\_\_

Held a parent/child activity this month? Yes \_\_\_ No \_\_\_

Held a Family Network Meeting this month? Yes \_\_\_ No \_\_\_

If yes, please list the topic \_\_\_\_\_

**Mail this report by the 5<sup>th</sup> of each month to:**

Email: [janet.cobb@secsda.com](mailto:janet.cobb@secsda.com)

**Please send to your Area Coordinator**

Southeastern Conference of SDA Youth Dept

P. O. Box 1016 Mt. Dora Fl. 32756

Phone: 352-745-3142 / Fax: 352-735-3562



## ADVENTURER TRIP PERMISSION FORM

As the parent/guardian, I give my permission for \_\_\_\_\_

to attend and participate in the following activity, sponsored by:

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

Church: \_\_\_\_\_

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

In case of emergency, I hereby give permission to the Adventurer Club Leaders to secure proper medical treatment for my child, including: ordering injections, x-rays, emergency surgery, first aid. (Please cross out any that you do not want your child to receive.)

Please list any allergies your child may have.

Food allergies \_\_\_\_\_

Medical allergies \_\_\_\_\_

Medications receiving now \_\_\_\_\_

I hereby accept the conditions stated, including the release of the Southeastern Conference,

\_\_\_\_\_ Church and Adventurer leaders from

liability in case of accident or illness.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_



# S.E.C. Adventurer Investiture Review Form

Date: \_\_\_\_\_ Church: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_ Total Score: \_\_\_\_\_

Busy Bee       Sunbeam       Builder       Helping Hand

**A Minimum of 75 Points is needed to advance to next class.**

**Book – Total points 60:**

(Please note candidate must have a total score of at least **50** in this section to pass.)

Cover sheet properly completed (5points) \_\_\_\_\_ **Total Points** \_\_\_\_\_

Recite Pledge and Law (10 points) \_\_\_\_\_

Recite memory verses (10 points) \_\_\_\_\_

Retell at least 1 Bible Story (10points) \_\_\_\_\_

Illustrations / Neatness (10 points) \_\_\_\_\_

Sections properly signed off (5 points) \_\_\_\_\_

Explain 3 points learned from awards (10 points) \_\_\_\_\_

**Uniform - Total points 25: (Patches must be properly placed)**

Local club crest (2 points) \_\_\_\_\_ **Total Points** \_\_\_\_\_

Conference Patch (2 points) \_\_\_\_\_

Adventurer World Patch (2 points ) \_\_\_\_\_

Appropriate Adventurer Patch (2 points) \_\_\_\_\_

Proper shoes / socks (2 points) \_\_\_\_\_

Scarf & Slide (5 points) \_\_\_\_\_

Awards Properly Attached (5 points) \_\_\_\_\_

Neatness of Uniform (5 points) \_\_\_\_\_

**Facing & Approach – Total 15 points**

Approach and salute (give name and class) (5 points) \_\_\_\_\_ **Total Points** \_\_\_\_\_

Right turn (5 points) \_\_\_\_\_

Left turn (5 points) \_\_\_\_\_

**Comments:**

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\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Reviewer Title



**SOUTHEASTERN CONFERENCE ADVENTURER CLUBS  
Pre-Investiture Request Form**

Name of Club \_\_\_\_\_ Date \_\_\_\_\_

Church  
Location \_\_\_\_\_

Director \_\_\_\_\_

The following date(s) are requested for investiture services for the above named club. These dates have been \_\_\_\_\_ have not been \_\_\_\_\_ presented to the church board and have been \_\_\_\_\_ or have not been \_\_\_\_\_ approved.

\_\_\_\_\_

Please contact me as to the date of our club inspection and Pre-investiture review. I understand that all candidates (in class "A" uniform), books and displays must be available at that time. We further understand that investitures are not validated until this process is completed.

.....  
 Please check here if technical assistance is needed  
.....

(Official use only)

Request for Review received (date) \_\_\_\_\_ by District

Specialist \_\_\_\_\_

Review scheduled (Date & Time) \_\_\_\_\_  
at

(Place) \_\_\_\_\_

Director contacted \_\_\_\_\_ by \_\_\_\_\_

Was technical assistance needed? \_\_\_\_\_

Book on Family, Friends, or feelings



## Reading Summary

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

Write a brief summary:

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What did you learn?

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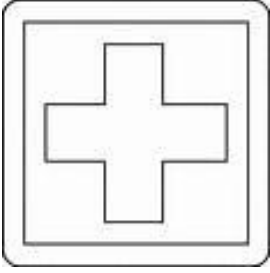
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\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date



## Reading Summary

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

Write a brief summary:

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What did you learn?

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\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

Book about Nature



## Reading Summary

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

Write a brief summary:

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What did you learn?

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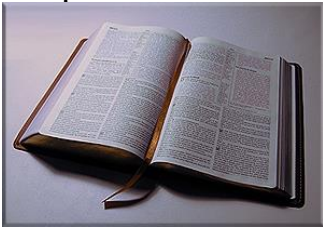
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\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

Chapters from



## Reading Summary

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

Write a brief summary:

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What did you learn?

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\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

Book on History or  
Missions



## Reading Summary

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

Write a brief summary:

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What did you learn?

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\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date





## Reading Summary

Name of Book: \_\_\_\_\_

Author: \_\_\_\_\_

Write a brief summary:

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What did you learn?

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\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date