

# King's Kids

## Pathfinder Club

### Volunteer Registration Packet

Merrimack Valley Seventh Day Adventist Church  
Pathfinder Club

Pathfinders are a worldwide organization of young people sponsored by the Seventh Day Adventist Church, though young people of any religious persuasion, or none at all, are welcome and encouraged to join the organization. Pathfinders is open to individuals age 10-15. Teen Leadership Training is also available for older teens.  
[pathfinders@mvsda.org](mailto:pathfinders@mvsda.org)



---

Merrimack Valley Seventh-Day Adventist Church  
408 Broadway Road, Dracut, MA 01826  
978.804.9226

[www.mvsda.org](http://www.mvsda.org)  
[pathfinders@mvsda.org](mailto:pathfinders@mvsda.org)

# Welcome

September 4, 2016

Dear Pathfinder Volunteer

We are looking forward to an exciting Pathfinder year. On behalf of the King's Kids Pathfinder Club group leadership, I would like to personally thank you for thinking about dedicating your time to the Pathfinders.

This club could not be a success without the help of you and many other volunteers that donate their time. Please take the time to review all the information found in this packet. Below is a list of forms that can be found here. All applicable forms must be completed prior to the first meeting. Please note there is also an additional training we are requiring all volunteers to participate in. The certificate of completion is required as part of the volunteer application. Please note that if you completed the training last year you will not be required to repeat the Shield The Vulnerable certification.

**Pathfinder Volunteer Application**  
**Shield The Vulnerable instruction sheet**  
**Shield The Vulnerable copy of certificate of completion**  
**Driver Information Sheet (If applicable)**  
**Health History form**  
**Uniform information sheet**  
**Schedule (may be updated throughout the year)**

This year our staff has joined together to create team leadership. Our goal is to work together to create an exciting and spiritually enriching year for the children and their families. We are happy to have you as part of the team.

May God bless you and your family as we work together for the physical, spiritual and mental growth and development of our Pathfinder Club.

Sincerely,

Your Pathfinder Staff



# Schedule

## What, When, and Where

### September

---

4	9:00-11:00am	Pathfinder registration, meeting, games
24	2:00-3:00pm	Pathfinder Bible Experience Practice
25	TBD	Pathfinder Community Service - health expo

### October

---

1	2:00-4:00	Pathfinder Bible Experience Practice
8	ALL DAY	Pathfinder - church, sack lunch and nature meeting Halibut Point State Park, Rockport, MA 01966, USA
15	2:00-4:00	Pathfinder Bible Experience Practice
16	9:00-1:00	Pathfinder - Recreation Honor Day - Field Uniform

### November

---

5	2:00-3:00	Pathfinder Bible Experience Practice
	3:00-5:00	Community Service Call Collecting - Field Uniform
	Overnight	Pathfinder Sleepover
12	2:30-3:00	Pathfinder Induction Set up
	3:00-4:00	Pathfinder Induction - Full Dress Uniform
	4:00-7:00	Pathfinder Meeting
	7:00-8:00	Pathfinder Staff Meeting
19	2:00-4:00	Pathfinder Bible Experience Practice

### December

---

10	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Meeting - Dress Uniform
	7:00-8:00	Pathfinder Staff meeting
17	3:00-5:00	Pathfinder Bible Experience Practice
	5:00-9:00	Pathfinder meeting and Christmas Party - Field Uniform

### January

---

7	2:00-4:00	Pathfinder Bible Experience Practice
14	4:00-7:00	Meeting - Health & Safety Honor - Field Uniform
	7:00-8:00	Pathfinder Staff Meeting
15	TBD	Pathfinder - 1st Aid Training (voyagers, guides, staff)
28	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Meeting - Dress Uniform

### February

---

4	2:00-6:00	Pathfinders: SNEC Area Bible Experience - Dress uniform
11	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting - Field Uniform
	7:00-8:00	Pathfinder staff Meeting
12	7:00-10:00am	Pathfinder Valentines Day Breakfast set up
	10:00-12:00	Valentines Day Breakfast Fundraiser
	12:00-1:00	Event Clean up
25	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting - Dress Uniform

### March

---

4	2:00-6:00	SNEC Conference Bible Experience - Dress Uniform
11	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting - Dress Uniform
	7:00-8:00	Pathfinder Staff Meeting
18	2:00-6:00	Pathfinders: Atlantic Union Bible Experience - Dress Uniform
25	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting Recreation- Field Uniform

### April

---

1	2:00-4:00	Pathfinder Bible Experience Practice
8	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting - Dress Uniform
	7:00-8:00	Pathfinder Staff Meeting
9	2:00-3:00	Pathfinder Bible Experience
21-22		Pathfinders: Division Bible Experience - Dress Uniform
15-16		SNEC Division Pathfinder Bible Experience Phoenix, AZ
29	5:00-8:00	Pathfinder Meeting - Field Uniform
	Overnight	Sleepover

### May

---

7	9:00-1:00	Meeting Recreation/Nature - Field Uniform Sandy Point State Reservation, Ipswich, MA
26-29	Campout	Pathfinder Pioneer Camp-out William Miller Home, 1614 County Road 11, Whitehall, NY 12887,

### June

---

3		Pathfinder Investiture Sabbath
---	--	--------------------------------



1 Go To: [shieldthevulnerable.org](http://shieldthevulnerable.org)



2 Click >>



## 3 First-Time Signup

Select Your Organization

Seventh-day Adventist

Atlantic

Southern New England Conference

If correct, click »

- >> 1. Pick **Seventh-day Adventist** from the dropdown list
- >> 2. Select your **UNION**
- >> 3. Select your **CONFERENCE**: If your Conference also trains Students, a "Select User" dropdown opens. Select "Adult".

**NOTE:** If you cannot find your Union or Conference, STOP. Contact your administrator.

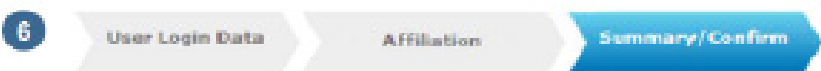


**User/Login Data:** Fill in the requested information and create your login. Only one person can be named on the registration. It's important to provide a valid email address — if you have one.

**NOTE:** Please write down your ID and Password in case you need to log in again.



**Affiliation Tab:** Here, you identify yourself as an employee (includes temp/contractor) or volunteer. Then identify which type of location (church, school, etc.) at which you work or volunteer. Finally, identify your position at the organization.



**Summary:** Review your registration information and if correct and you "Accept" the license, click the "Confirm Signup" button. It will take you to the "My Courses" page to start your training.

- 7 **Background Screening:** Once you train, you may be required to do a background check. If so, you must electronically sign an authorization to permit the screening. If finger printing is required, arrange for it at a location near you. Your local administrator can help you.
- 8



Assigned Courses (1) Collapse

Adult Courses	Assigned	Due	Certificate
<b>Protect Children: Parts I &amp; II</b>	10/22/14	0%	



Southern New England Conference of the Seventh-day Adventist Church  
Adventist Youth Ministries Department  
**Youth Ministry Volunteer Selection, Application Form, and Approval**

**Introduction:**

The Seventh-day Adventist Church is very active in nurturing our youth through Sabbath Schools, Adventurers, Pathfinders, VBS and our extensive educational system. This priority on youth also means our attention to safety must grow more intentional as abuse in society increases.

Beginning in July 2015 the Southern New England Conference partnered with Shield the Vulnerable to provide continuing awareness training and background screening for all conference, church, and school employees & volunteers. All Youth Ministry Staff/Volunteers must fulfill steps 1-3, 6, and 7 each year and steps 4 & 5 every three (3) years:

1. Has held membership in the congregation or has been known by the organization for a minimum of six (6) months.
2. Complete the SNEC Youth Ministry Volunteer Application, including three (3) personal references
3. Submit the completed SNEC Youth Ministry Volunteer Application to your local church ministry director for the ministries you wish to work with. Don't forget to review, sign, and submit the Southern New England Conference Youth Ministry Code of Conduct.
4. Create a Shield the Vulnerable account on-line and complete the required Shield the Vulnerable on-line training. (staff/volunteers 18 years old and older ONLY every three (3) years)
5. Submit personal information to the Shield the Vulnerable web site for the background screening process. (staff/volunteers 18 years old and older ONLY every three (3) years)
6. Be approved by your church's designated Level 2 or Level 3 Shield the Vulnerable Administrator.
7. Have an approved SNEC Youth Ministry Volunteer Application on file with the each Ministry Director along with the signed Code of Conduct, Driver Information Sheet, and all Medical Information forms.

More information regarding the Shield the Vulnerable Training and background screening process is available at <http://www.sneconline.org/article/370/departments-ministries/shield-the-vulnerable> or by contacting the Southern New England Conference Shield the Vulnerable Coordinator.



# Adventist Risk Management, Inc.



## *Personal Vehicle Usage Guidelines*

Adventist Risk Management does not recommend the use of non-owned autos on approved events. If non-owned vehicles are used, however, adhere to the following guidelines:

Adventist Risk Management's auto insurance policy provides coverage for non-owned vehicles on an excess basis. It is designed to protect the organization, not the vehicle owner. In the event of an accident, the vehicle owner must go to his/her insurance company first.

- Make sure drivers understand that their personal auto insurance is "primary".
- Refer to the North American Division Working Policy, section S 60 31 *Vehicle Insurance* and Section Y 29 *Automobile Policy*.
- Must be at least 21 years old.
- Copy of the Drivers License appropriate for the vehicle being used
- Employees and volunteers who use personal vehicles on an *infrequent* basis must carry a minimum of \$100,000 per person/\$300,000 per occurrence limits of liability. (See Section Y 29 20 3.b for *regular use* insurance requirements.)
- Copy of the driver's proof of insurance (insurance card).
- ONLY drivers with a good driving record (no more than two traffic citations and no at-fault accidents) will be allowed to operate a vehicle on behalf of the church.
- Make sure the owner understands that his insurance is responsible for any damage done by the vehicle or to the vehicle.
- If someone other than the owner will be driving the vehicle, obtain information on the owner's insurance (company name, policy number, and policy term) and give this information to the person who will be driving the vehicle. The driver will need this information if an accident occurs.
- Verify that the vehicle is in good working order (tires, wiper blades, all lights, etc.).
- Agree with the owner or driver on who will be responsible for any comprehensive or collision deductibles that might apply to damage done to the *borrowed* vehicle.
- Do not overload vehicles.
- Require occupants to wear seatbelts.
- No "Distracted Driving" (no cell phone, texting, eating, drinking, reading, navigation system adjustments, or boisterous children discipline while vehicle is in motion)
- For long trips, ensure that there are sufficient drivers so that no one is required to drive more than three hours at a stretch.

Every insurance policy contains limits, conditions, and exclusions. Read the policy carefully, because it may not respond to all claims for damage.

**SNEC YOUTH MINISTRY VOLUNTEER APPLICATION** (SEE SELECTION, APPLICATION & APPROVAL PROCESS INSTRUCTIONS)

**Personal Information**

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

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

City State ZIP

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**Church Ministry Information**

SDA Church Member at: \_\_\_\_\_  
Current Church Date you became a member

Previous Church(es) Date you became a member

Church Ministries I wish to be involved with:

\_\_\_\_\_ Adventurers \_\_\_\_\_ Pathfinders  
\_\_\_\_\_ Sabbath School \_\_\_\_\_ Vacation Bible School  
\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

Previous Church Ministries I have been involved with:

\_\_\_\_\_ Adventurers \_\_\_\_\_ Pathfinders  
\_\_\_\_\_ Sabbath School \_\_\_\_\_ Vacation Bible School  
\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

**Personal Reference Information**

Please provide three (3) personal references. Only one may be a relative.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**Shield the Vulnerable Level 2 or 3 Administrator Approval Section**

This Youth Ministry Volunteer is eligible to service in the ministries as indicated above. However, they will need to repeat the Shield the Vulnerable Training and Screening process after the date listed below:

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

\_\_\_\_\_ Volunteer Approved

Driver Approved

Shield the Vulnerable Administrator Signature

Date Approved

## **N.A.D. YOUTH/CHILDREN'S MINISTRY VOLUNTEER CODE OF CONDUCT**

### **My Commitment to Volunteer Ministry - As a Youth/Children's Ministry Volunteer, I will:**

1. Provide appropriate adult supervision at all times for the children for whom I am responsible.
2. Have at least one other adult, eighteen (18) years of age or older, to help with the supervision of children. If I find myself in a situation where I am the only adult present, under no circumstances will I allow myself to be alone with one child (the "two-person rule"). This protects the child as well as protecting the adult from possible allegations.
3. Ask a child's permission before physically touching him/her anywhere, even when responding to an injury or problem. This is especially true for any areas 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 care is provided.
4. Refrain from physical and verbal attacks and corporal punishment which are inappropriate behaviors and should never be used as discipline. "Time outs" or "sit-in-that-chair" may be helpful discipline methods to use with children.
5. Affirm children with appropriate touching by keeping hugs brief and "shoulder-to-shoulder" or "side-to-side." I will keep hands at (not below) the shoulder level. For small children who like to sit on laps, I will encourage them to sit next to me.
6. Provide extra care when taking small children to the restroom. I will take another adult along, or leave the door open.
7. Be aware of conducting activities in rooms that do not have an interior viewing area, or I will leave the door open during the activity to allow easy observation by others.
8. Cooperate with the volunteer screening process and successfully complete the Shield the Vulnerable training, as required by the church.
9. Be aware of the signs and symptoms of child abuse and aware of the legal requirements for reporting suspected cases of abuse. In addition to any legally required reporting, I agree that if I become aware of any behavior by another individual which seems abusive or inappropriate towards children I am supervising, I will report that behavior to the church pastor, elder, or directly to the Conference Treasurer's or Risk Management Director.
10. Cooperate with church leadership in conducting children and youth ministries by being a volunteer who is loving, kind, firm, and always a thoroughly professional person. Working with children and youth is not only a privilege; it is also a serious responsibility that must be approached with utmost care.
11. Participate in orientation and training programs conducted by the church.
12. Uphold the standards of the Seventh-day Adventist Church.

### **SNEC Youth Supervision Guidelines**

**Ages 10-17:** Onsite location – 1 adult to 10 minors, Offsite location – 1 adult to 6 minors,  
Remote or Extreme location – 1 adult to 4 minors

**Overnight:** Sleeping areas for boys and girls should be separate and supervised by two adults of the same gender as the group being supervised. A minimum of three youth, ages 10-17, per tent/room. Adults and youth must never share a tent other than with his or her parent or guardian. Male and female adult leaders must have separate sleeping facilities. Married couples may share the same quarters if appropriate facilities are available. If separate shower and latrine facilities are not available, separate times for male and female use should be scheduled and posted.

**Ages 9 and under:** Children 9 and under should have parental supervision at all times. No exception.

#### **Acknowledgment**

Because I want the best possible environment for our children and youth to grow up in, it is important that those working with children have guidelines for conduct in order to protect both themselves and those under their care. As a ministry volunteer, I want parents and others to feel comfortable and confident with me.

---

*Signature*

---

*Church Name*

---

*Date*

**Thank you for your service as a Youth/Children's Ministry Volunteer.  
Please retain a copy of this document and keep it for reference.**



SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

Adventist Youth Ministries Department

DRIVER INFORMATION SHEET



**DRIVER INFORMATION**(Attach copy of your Valid Driver's License)

All drivers shall be properly licensed and comply with all Federal, state and/or provincial laws for the class of vehicle being operated. The recommended minimum age for drivers shall be twenty-one (21) years. A minimum allowable age of nineteen (19) years old may be granted with the approval of the conference officers. The driving record (Motor Vehicle Record) of each driver shall be obtained from state/provincial records and reviewed on a regular basis. Drivers shall have an acceptable driving record during the previous three years with not more than two traffic citations and no at-fault accidents while driving any vehicle. When a driver does not meet the above driving standard, he/she shall not be assigned to or retained for a driving position.

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

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Mobile \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issuing License \_\_\_\_\_ Expiration Date \_\_\_\_\_

**VEHICLE INFORMATION**(for each vehicle being used)

Name of Owner \_\_\_\_\_ Year of Vehicle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Model of Vehicle \_\_\_\_\_

License Plate Number \_\_\_\_\_ Expiration \_\_\_\_\_

**INSURANCE INFORMATION**(A copy of your Statement of Coverage must be attached)

Volunteers who use personal vehicles in an infrequent basis for ministry purposes (such as Adventurer/Pathfinder events) must carry a minimum of \$100,000 per person/ \$300,000 per occurrence limits of liability.

**CERTIFICATION**

I certify that the above information is correct and accurate to the best of my knowledge and ability. I understand that in order to provide transportation for Adventurer/Pathfinder/Youth Group related activities; I must be at least 21 years of age and possess a valid driver license, current vehicle registration and required insurance coverage.

I understand that when providing transportation for minors, I am acting as an adult chaperone, and will conduct myself accordingly with respect to the expectations and guidelines of the Southern New England Conference of the Seventh-day Adventist Church.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH INFORMATION, CONSENT TO TREATMENT & HEALTH INSURANCE INFORMATION**

---

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

Are there any present health concerns? \_\_\_\_\_

List any allergies: \_\_\_\_\_

Specify current medication(s): \_\_\_\_\_

Date of last tetanus immunization/booster: \_\_\_\_\_ Permission to administer in an emergency? Yes \_\_\_ No \_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

---

**PARENT/GUARDIAN CONSENT TO TREATMENT:**

We/I the undersigned parents/guardians hereby give my consent for the above named child to participate in the 2015-2016 Pathfinder Club. We/I am aware that my child may require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment may become necessary for my child, we/I grant permission to \_\_\_\_\_, the Pathfinder Club Director and/or her assistants, authority to obtain such emergency medical assistance. We/I further grant permission for medical personnel to administer emergency medical treatment.

We/I also consent to our/my child's being transported of the purposes of Pathfinder Club activities, in private, church owned vehicles or other mode of transportations as may be deemed necessary. We/I understand that said vehicles will be driven by adults 21 years old or above and, the drivers will be approved by the \_\_\_\_\_ Church Board. We/I understand a permission slip will need to be signed at the time of all field trips.

We/I also consent to having this child work with club staff members outside the regular club meetings times for special club events, for honors or for class activities arranged by the club staff team.

We/I agree to indemnify and hold harmless the Atlantic Union, the Southern New England Conference of Seventh-day Adventist, the \_\_\_\_\_ church, and the \_\_\_\_\_ Pathfinder club and its leaders and staff from liability arising from any accident or injury occurring during club-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.

This consent shall stay until effect until August 25, 2016 or until revoked in writing and delivered to the above named director or to the club entrusted with custody of said minor.

\_\_\_\_\_  
Signature of Parent/Guardian                      Print Full Name                      Relationship to Applicant                      Date

---

**MEMBER HEALTH INSURANCE INFORMATION**

The above named pathfinder applicant is \_\_\_\_\_ covered/ \_\_\_\_\_ not covered by health insurance.

Present Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured Parent/Guardian's Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ / \_\_\_\_\_

***A photocopy of this form is as valid as the original. You must always have a copy of this form with you in every pathfinder outing or trip.***

# Southern New England Conference Pathfinder Ministries

## Health History for Pathfinder/Staff

### Directions

- 1) Sections 1 & 2 must be completed by parent/guardian of minor or by adult pathfinder/staff 18 years or older.
- 2) **GIVE THIS FORM TO YOUR CLUB DIRECTOR**

---

### 1. Personal & Emergency Contact Information

Pathfinder/Staff Name \_\_\_\_\_ Gender M F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip Code

Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Second Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name \_\_\_\_\_ Relationship to Pathfinder: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

---

### 2. Allergies/Health History/Medical Insurance

**Allergies:**  No known allergies.  This camper/staff is allergic to:  Environment (e.g., insect bites, sun)  Food  Medicine  Other  
*(Please describe below what the pathfinder is allergic to and their typical reaction.)*

---

**Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the pathfinder/staff:

Ever been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had fainting or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passed out/had chest pain during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a recurrent/chronic illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had mononucleosis during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a recent infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Traveled outside the U.S. in the past 9 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with falling asleep/sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had back/joint problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have a history of bedwetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with diarrhea/constipation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any skin problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have impaired vision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If female, have problems with menstrual cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please explain "Yes" answers in the space below**, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

---

Does pathfinder/staff have any current physical, medical, or psychological conditions requiring medication, treatment, or special considerations or activity restrictions while at camporee?  Yes  No If yes, please explain below:

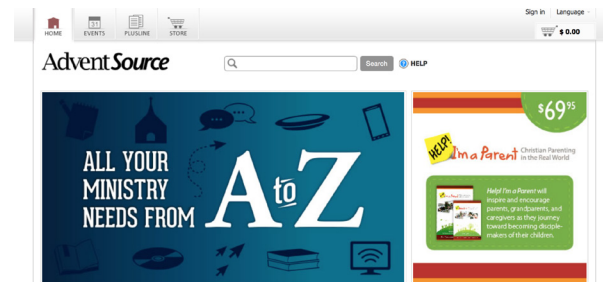
# Uniform

AdventSource.com

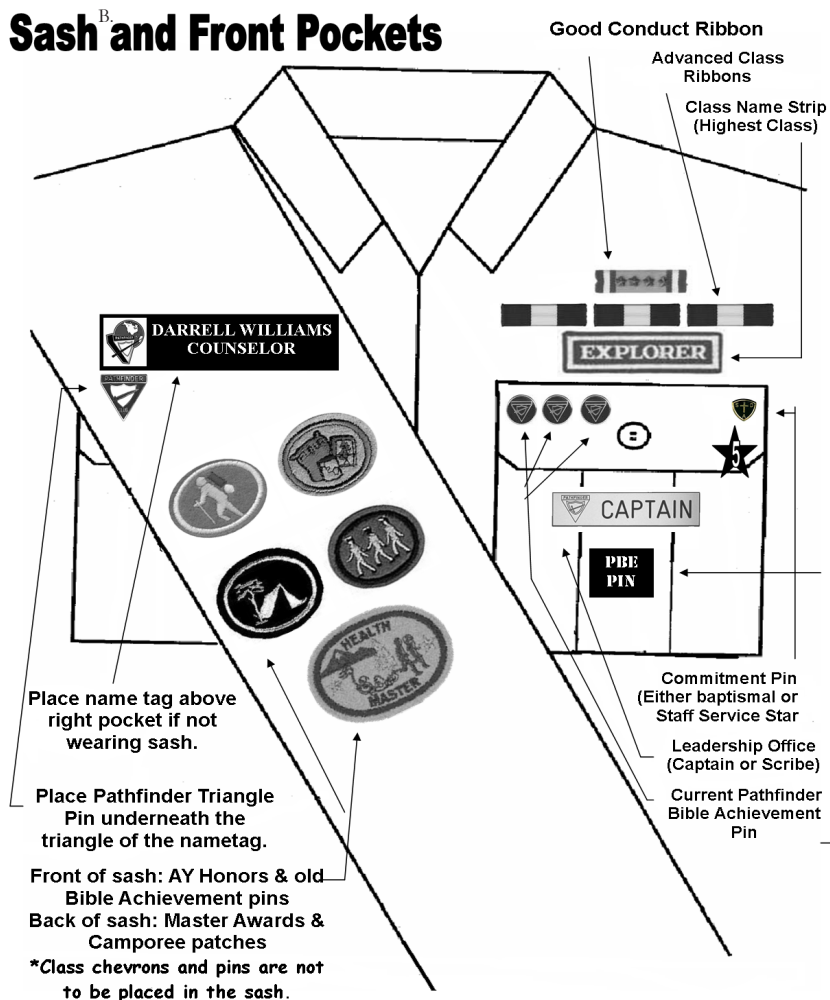
## Pathfinder Uniforms or Class A Uniform

Boys' Shirts	Tan short sleeve
Girl's Blouses	Tan short sleeve
Boy's Slacks	Black, straight leg with belt loops
Girl's Slacks	Black, Strait leg with belt loops
Belts and Buckles	Black web belts with Pathfinder buckles
Neckwear	Open collar (one button) for both boys and girls. The official Pathfinder scarf is yellow with the Pathfinder world and triangle on it
Sash	The official Pathfinder slide is cloth with the logo Black fabric, may be wide enough for 3 honors and as long as the fingertips on the left hand Only one sash is to be worn as part of the uniform Items to be worn on the sash include: name tag/honors/Master Awards/Pathfinder pin on the front and Camporee patches/pins, honors, Master Awards on the back
Boy's Shoes/Socks	Black shoes and black sock
Girl's Shoes/Socks	Black shoes (no heels higher than 2 in) Black socks

Uniform orders should be made through the AdventSource.com website. Each Pathfinder is responsible for ordering the short sleeve shirt, pants, neckerchief, slide, sash and belt. Patches will be provided by the club and will be given to each Pathfinder at the earliest convenience. Please contact us at [pathfinders@mvsda.org](mailto:pathfinders@mvsda.org) with any questions or concerns.



## Sash and Front Pockets



## Southern New England Conference - Pathfinder Policy

The uniform is always neat and clean. Because the Pathfinder Club is valuable to each member, that the uniform will be acquired and worn with enthusiasm.

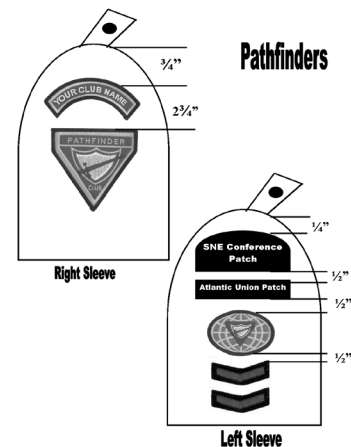
### Class A Uniform

It is recommended that those having uniforms wear them on the following occasions:

1. At Pathfinder meetings, when required
2. At special Programs (Pathfinder Day, Induction, Investiture, and Bible Achievement, etc)
3. At any public gathering when any or all act as messengers, Ushers, Honor Guard, Color Guards, First - aid details
4. On occasions as specified by Pathfinder Staff officers
5. While engaging in missionary outreach activities, such as In gathering, distribution food baskets, bouquets, literature, or church announcements; band work, such as singing bands and sunshine Bands

### Uniform Should Not be Worn

1. If not a member
2. For work or play
3. When engaged in selling for personal profit, in selling for commercial or political purposes, or in personal solicitation
4. At anytime or place when its wearing discounts the organization or casts any reflection upon the uniform, lowers its dignity and esteem, and makes it common place.



\*Uniform black pants do not need to be purchased through Adventsource