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Support Information

Conference Master Guide Lead Coordinator: Brenda C. Perez

Phone #: 501-617-7816

Email: arklamasterguides@gmail.com

Conference Youth Director: TBD

Phone # (318) 631-6240 Fax # (318) 631-7611

Email:

Youth Secretary: JulianaMercado

Phone #: (318) 631-6240 ext 115 Fax #: (318) 631-7611

Email: jmercado@arklac.org



Conference Adventist Risk Management Representative (Treasury Dept): Rodney Dykes Phone # (318) 631-6240

Arkansas-Louisiana Conference of Seventh-day Adventists

Mailing Address: 7025 Greenwood Road, Shreveport, LA 71119

Conference Events & Information www.arklayouth.com

AdventSource (Uniforms & Supplies) 1-800-328-0525 https://www.adventsource.org

ARM Insurance for Short Term Travel & Recreational Sports https://adventistrisk.org/en-us/Insurance

Emergency Drill & Safety Information https://adventistrisk.org/en-US/Safety-Resources

"Adventist Screening Verification" training and background check:

https://www.nadadventist.org/asv

Master Guide Club Yearly Application

ARTH	TONE FAR	

	Club Name:	Year:
	Sponsoring Church:	
CUN	Church Address:	
Pastor:		Phone:
	Director:	
Director's Ma	iling Address:	
Director's Em	nail:	

Complete Yearly & Mail this Form & the Following Attachments by September 30th: Mail to: SDA Conference Office Youth Department, P.O. Box 31000, Shreveport, LA 71130

- Certificate of Membership Form
- Check or Money Order (\$10 fee for each person listed on Certificate of Membership Form)
- Copies of Volunteer Staff Application form & the Reference Check form (must be completed by EACH person age 18+ that is listed on the Certificate of Membership Form).

The Purpose of Master Guides is:

- To involve our young people ages 16 years and up empowering leaders through effective training and equipping and developing them for service.
- To develop Christ-like leaders to disciple children and youth.
- To see all young people save.

. The Church's Commitment to Master Guides: We, the undersigned, have read, understand, and are in full agreement with the above Philosophy of Master Guide. We agree to support our club with the means that the Lord has given this church. This includes finances, staff volunteers, a meeting place, transportation for outings, and any other needs as may arise in the fulfillment of this ministry.

Signatures:

Church Pastor:	Date:
Head Elder:	Date:
Church Clerk:	Date:
Club Director:	Date:
Church Board Member:	Date:

Certificate of Membership Form

Club Name:		Church:			Year:	
Please submit this for additional copies as n) Conferenc	e fee for	EVERYONE listed	l. You may make	
Check all categories that a	apply to each part	ticipant.				
Club Member's Na	's Name Age S		Staff		Potential Driver Age 25+	
			14			
			041111			
		1				
	1	4				
			100			
	Allenton, I			-		
	4				1114.	
	4					
		7 7 7	7			
		\ \ \ \ \ \				
		1 / /		-/ / " / 1/10		
		Maria and Table				
Others (Individuals arthey may want to attended)			ıt still req	uire insurance cov	erage for off-site events	
Individual's Name	1	Staff Spous	se	Staff Child Under Age 10	Potential Driver Age 25+	
	40	DY.				
		7/	1			
			Alba			
					+	

Volunteer Staff Application Form

A copy of this form should be completed annually and mailed to the Arkansas-Louisiana Conference and Adventist Risk Management.

Personal Inforn	nation	Application Date:		
Church/Club:				
Last Name		First Name		
Birthday		Phone No.		
Address				
Email				
Marital Status		Spouse's Name		
Child's Name		Child's Age		
Religious		Home Church		
Affiliation				
Degree(s)		Institution		
Held & Date		Granting		
Received		Degree		
Do you now hav	ve, or have you had any injury	/sickness that mig	ht limit your involvement in	
Children's/Youth Ministries activities? YES or NO If YES, Describe:				
Have you ever b	peen accused, charged, or disc	ciplined for any unl	awful sexual conduct, child	
abuse, and/or o	child sexual abuse? YES or NC) If YES, Describe	e:	

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:			

Adventist Screening Verification		
Every adult age 18+ should complete the Adventist Screening	Date	
Verification training & background check at	Completed	
https://www.nadadventist.org/asv and provide proof of completion		

Driver Information (Optional: Adults age 25+ only) (Information is submitted to Adventist Risk					
Management)					
Driver's License #	‡		Social Security #		
Licensing State		Expiration Date		Type of Vehicle	
Years Driving Exp	perience		Miles Driven		
			Annually		
States You Have I	Held License	e in over last 3 years:			
Citations and Acc	Citations and Accidents in last 3 years: (Date, Details, Location)				
I have received, re	ead, and und	lerstand the Personal			
Vehicle Usage Gu	idelines (Pl	ease initial to the right)			
Please submit a copy of your vehicle insurance (coverage			proof provided?		
level of \$100,000/	(\$300,000) &	& your Driver's License			
along with this for	m.				

Staff Volunteer Service Statement: Anyone age 16+ must complete this form. The information on this form will be used to evaluate youth ministry volunteers. It is designed to protect the youth from abuse and to protect the Seventh-day Adventist Church organization. This record becomes permanent and is the property of the Conference. It may be forwarded to another Conference should the applicant move. The information will be copied and sent to the local church for the pastor and program leaders to use in determining staff qualifications only if the individual is approved. When a local church requests information on an applicant, the Conference may not release any specifics and may respond only with "recommended," "not recommended," or "recommended with conditions noted." In the event of accusations against the applicant, opportunity should be given for response by the accused. This response also becomes a part of the record.

Sexual Conduct Statement: The Arkansas-Louisiana Adventurer, Pathfinder and Master Guide programs, are owned and operated by the Arkansas-Louisiana Conference of Seventh-day Adventists. As such, any employee or volunteer staff of the Adventurer, Pathfinder or Master Guide programs are representing the Arkansas-Louisiana Conference of Seventh-Day Adventists and is therefore expected to respect and practice the beliefs and convictions of the organization. Employees or volunteer staff engaging in inappropriate sexual activity or the promotion of any sexual behavior that is inconsistent with the Adventist belief and mission are ineligible for employment or participation as volunteer staff.

To Complete "Adventist Screening Verification" training and background check: https://www.nadadventist.org/asv

The above information is accurate to the best of my recoll and will receive no remuneration for services and time. I hattement and sexual conduct statement. I have read and Guidelines. I hereby authorize Risk Management Services, In the event of a sub-standard record, I understand Risk M Conference Office. Otherwise, the information is kept con until their background and driving record checks have clear	nave read and understand the staff volunteer service understand the Personal Vehicle Usage Inc., to obtain my motor vehicle operating record. Ianagement Services, Inc., may notify the fidential.NOTE: Volunteer staff cannot begin work
Signature:	Date:
Official Use: Recommended Not Recommended Notes:	Date: Signature:

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 Info	ormati	on					
Food Aller	gies			Medio	cation Allergies		
Physical Re	estricti	ions		Medio	cal Conditions		
Diet Restri	ictions			Physic	cian (Name & Phone)		
Insurance	Compa	any		Insura	ance Policy Number		
Preferred I	Local F	Hosp.					
Current		Medicatio	on Name Dose Adn	ninistered	Time/Frequency Administered	Reason for Administration	
Medication	ns						
Health His	tory				Earache Ear Tubes Fain		
		Bedw Epilepsy	vettingKidney Disease _ Rheumatic Fever = F	Constip leart Troub	pationStomach Ache Diab ple Glasses/Contacts Mer	nstrual Problems Bee Sting	
		Allergy _	Poison Oak/Ivy Allergy _	Other: _	Past Illness / Ho	spitalization/ Surgeries	
Immunizat	tions		Series Polio/OOPV nps Chicken Pox (_	German Measles/Rubella	_TetanusTuberculin Test	
Other Hea	lth						
Informatio	n?						
Emergency	y Cont	act 1					
Name					Phone 2		
Phone		Relationship					
Emergency	y Cont	act 2					
Name					Phone 2		
Phone	hone				Relationship		
Emergency	y Cont	act 3					
Name					Phone 2		
Phone		Relationship					

Adventist Risk Management

Personal Vehicle Usage Guidelines

Please provide a copy of this document to every potential driver. Drivers must:

- Be at least 25 years of age
- 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.)
- Provide a copy of their driver's license and vehicle insurance. 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.
- Submit a copy of the "Volunteer Staff Application Form" to the Conference Office
- Require occupants to wear seatbelts.
- Not engage in "distracted driving" (no cell phone, texting, eating, drinking, reading, navigation system adjustments, or boisterous children discipline while the vehicle is in motion).
- Not overload vehicles.
- Verify that the vehicle is in good working order (tires, wiper blades, all lights, etc.).

For long trips, ensure that there are sufficient drivers so that no one is required to drive more than three hours at a stretch.

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. 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" and that his insurance is responsible for any damage done by the vehicle or to the vehicle. 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.

Refer to the North American Division Working Policy, Section S 60 31 Vehicle Insurance and Section Y29 Automobile Policy.

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

The references provided by a					
This information is to remain along with the volunteer staf			d be submitted to	the conference	e office
_	i s applicat	.1011 101111.			
Name of Applicant					
Church / Club					
#1 Reference's Name					
Reference's Title					
Date & Time of Contact					
Person Making the Contact					
Method of Contact	Phone	Email	Face-to-Face	Other:	
Summary of the remarks					
concerning the applicant's					
fitness and suitability for					
youth work					
Name of Applicant					
Church / Club					
#1 Reference's Name					
Reference's Title					
Date & Time of Contact					
Person Making the Contact					
Method of Contact	Phone	Email	Face-to-Face	Other:	
Summary of the remarks					
concerning the applicant's					
fitness and suitability for					
youth work					
Name of Applicant					
Church / Club					
#1 Reference's Name					
Reference's Title					
Date & Time of Contact					
Person Making the Contact					
Method of Contact	Phone	Email	Face-to-Face	Other:	
Summary of the remarks					
concerning the applicant's					
fitness and suitability for					
youth work					
Director's Signature:				Date:	

Volunteer Staff Reference Check Year: _____

Volunteer Paperwork Checklist

This checklist is designed to help club directors ensure that all volunteer staff paperwork has been collected from everyone.

Name	Volunteer Staff Application	Volunteer Staff Medical	Adventist Screening Verification	Car Ins.	Driver's License	Volunteer Staff Reference	Other
		Information				Check	

Church Accident Claim Form

Mail to Arkansas-Louisiana Conference, PO Box 31000, Shreveport, LA 71130

To Be Completed by Ch	urch Organiz	zation:					
Name of Church:							
Church's Address:							
Covered Person's Inform	nation:						
Last Name:		First Name:		MI:			
Date of Birth:	Sex:	Parent/Guardian:					
Address:		·	Phone:				
Details Name of Injury,	/Sickness:						
Date of Injury/Sickness:		Time:	Location	:			
Did this happen during/		sponsored event?	Event				
Name:				vent Location:			
		f Activities at the Eve					
		Was claimant superv		appened?			
Did this happen on the		•					
from an event in an aut							
How and where did this	hannen? Ple	ease he snecific					
N£1l		T:+ f	Dl				
Name of Leader:		Title of Leader:	Phor				
Name of Witness:			Pho				
Name of Witness: Name of Witness:			Pho Phoi				
Person Writing/Submitting	g this Poport	(if different):		Phone:			
reison wiiting/subinittin	g tills Report	(ii dinerent).		riione.			
				. of many less and a dec			
I hereby certify that the statements made above are correct to the best of my knowledge							
and belief and that the above claim was covered hereunder the time of the							
accident/injury/sickness	3 .						
_							
Signature of Supervisory Of	ficial:		Title:	Date:			

To Be Completed by Claimant, Parent, or Guardian			
Please attach receipts. No check will be given without prop	per receipt for services.		
Make Check Payable to:			
Name(s) and Address(es) of Doctor(s):			
Name(s) and Address(es) of Hospital(s):			
What other insurance and/or health care assistance d name(s) of provider involved:	o you have covering this loss? List the		
Are you enclosing a copy of your company's payment	of this claim? Do you or your		
spouse have any other plan providing medical expense	e/health care assistance?		
Name of Employer:	Phone:		
Spouse's Employer:	Phone:		
pre-disposing or pre-existing condition. I he who has treated the above claimant to furnish	he claim was not a result of a congenital		
Signature of Claimant, Parent, or Guardian Address of Claimant, Parent, or Guardian	Date of Signature		

Notes:

- The CAP benefits are provided for covered expenses incurred within 1 year after the date of the accident. The first \$500 of covered expenses are paid regardless, of another Plan Providing Medical Expenses Benefits. Additional charges are payable when they are in EXCESS of another Plan Providing Medical Expenses Benefits to the applicable maximum. If you are not covered by another Plan Providing Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the \$5,000.00 limit.
- All covered accidental bodily injuries and sickness must be reported to the leader/director immediately.
- It is the responsibility of the covered person to see that this report is mailed to Risk Management Services within ninety (90) days from the date of the accident.
- Attach Physician's statement and/or itemized billing to this form.