



Oklahoma Conference Pathfinder Club Membership Application

Sponsoring Church: _____ Pastor: _____

Club Name: _____ Date: _____

Club Director: _____ Cell #: _____

Mailing Address: _____
Street City State Zip Code

Philosophy of Pathfinders

The Pathfinder program 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 program for our children during their early, formative years. We want right habits, thoughts, motives, dispositions, and attitudes to be established. (Pathfinder Manual). The Pathfinder Club is a Seventh-day Adventist Church sponsored ministry open to all children grades 5-10 (ages 10-15) who agree to keep the Pathfinder Program.

Churches' Commitment to Pathfinders

We, the undersigned have read, understand, and are in full agreement with the above Philosophy of Pathfinders 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 Pathfinder ministry in this conference and around the world.

Director's Commitment

On behalf of the _____ Club, I will do my utmost to fulfill the requirement of conference membership. Our club will:

- 1) Operate an active club program for at least nine months per Pathfinder year.
- 2) Participate in conference-planned activities.
- 3) Submit to the conference adventurer department the following:
 - a. Pathfinder club program outline for the year, within four weeks of the initial club meeting for the Pathfinder year.
 - b. Pathfinder club annual budget
 - c. Pathfinder club membership (names and addresses) at the beginning of each Pathfinder year. An updated list is requested in January.
- 4) Provide Pathfinder leadership growth for club staff (Encourage youth leadership training, Master Guide, Adventurer/Pathfinder Leadership work, Basic (10 hr) Training Seminar).
- 5) Plan for satisfactory Pathfinder club attitude per semi-annual evaluation survey.
- 6) Calendar progression in the Pathfinder class requirements.
- 7) Send Pathfinder club monthly report by the fifth of the month throughout the year.
- 8) Return the completed club application form (with staff Volunteer Service Information Forms).

Signatures

Church Pastor: _____ Church Clerk: _____

Head Elder: _____ Club Director: _____

Club Director's Email: _____



Note: The Pathfinder year begins July 1st. Please also note that the real purpose for this application is not only to get your club registered, but it is also to be used as a tool to assist you in planning your major activities for the coming year.

My Plans for this upcoming year

Finance

Cost to Pathfinders:

Club Registration Fee \$ _____ per _____ Month _____ Year

Club Dues \$ _____ per _____ Month _____ Year We don't take dues only donations _____

I have a budget for this coming year. _____ Yes _____ No It has been approved by my church _____ Yes _____ No

Programing

List at least one Honor that you plan to teach this year that will emphasize:

Mental Development _____ Spiritual Development _____

Physical Development _____

Outreach Activities

*(example) Nursing Home Date 4/3/21

* _____ Date _____

* _____ Date _____

* _____ Date _____

* _____ Date _____

* _____ Date _____

Induction is schedule for _____

My first field trip will be on _____

Our Family Network/Parent's Night will be on _____

We are not making plans to have one _____

Pathfinder Sabbath will be on _____

Growth Goals:

Last year we had _____ Members. Our goal is to have _____ members this coming year.

We have _____ parents involved in our Pathfinder Club.

My two Goals for this coming year are:

1. _____ 2. _____

Regular club meetings should be every two weeks for 90 minutes or 3 hours per month

Where do you Meet: _____

What day of the Week will you meet: _____



In order for a Pathfinder Club to be covered under the insurance of the church, it must be properly registered as an official part of the church program. This is done through conference certification which includes submitting the Pathfinder Conference Certification Form. The \$4.00 **registration fee** helps pay for insurance, honor club flags/items, and cost for various events such as camporee trophies, etc.

Our club will be having TLT program this year Yes _____ No _____

Number of Staff:	_____	X \$4.00 =	_____
Number of Friends:	_____	X \$4.00 =	_____
Number of Companion:	_____	X \$4.00 =	_____
Number of Explorer:	_____	X \$4.00 =	_____
Number of Ranger:	_____	X \$4.00 =	_____
Number of Voyager:	_____	X \$4.00 =	_____
Number of Guide:	_____	X \$4.00 =	_____

Total _____ **Total \$** _____

Club Staff and Leadership

Name of Staff	Position	Years of Service	Highest AY Class Completed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____

Submit your Application by October 1st to: Youth@okadventist.org – 4735 NW 63rd St OKC, OK 73132





Friends

Counselor: _____

	Name	DOB	M/F	Student @SDA School Y/N
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____



Companion

Counselor: _____

	Name	DOB	M/F	Student @SDA School Y/N
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____



Explorer

Counselor: _____

	Name	DOB	M/F	Student @SDA School Y/N
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____





Ranger
Counselor: _____

	Name	DOB	M/F	Student @SDA School Y/N
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____



Voyager
Counselor: _____

	Name	DOB	M/F	Student @SDA School Y/N
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____



Guide
Counselor: _____

	Name	DOB	M/F	Student @SDA School Y/N
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

