# POLICIES

This document can be viewed on-line at [www.OregonPathfinders.org](http://www.OregonPathfinders.org)

The highlighted items indicate which documents have been updated for this revision date.

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PATHFINDER PLANNING
WITH LOCAL CHURCH BOARD

- Because Pathfinders is a ministry of the local church all planning must be approved by church board action and recorded in the church board minutes.

- Pathfinders and staff are covered for injuries through the conference liability insurance policy up to policy limitations. (These limitations are the same as the local church policy.)

- It is required that the Pathfinder Director present the yearly Pathfinder club calendar to the church board for approval and that the action be recorded in the church board minutes.

- Any changes to the Pathfinder calendar must also be presented and approved by the church board and recorded in the church board minutes.

- Keep the church board aware of all upcoming activities with church board approval. This gives official authorization for the club to participate in all off-premises activities and allows insurance coverage to be available.

PATHFINDER FUNDS POLICY

The policy for dealing with Pathfinder funds has been established by the Oregon Conference Treasury Department.

- Each club must keep accurate records of income and expenses. These records need to be kept even though all Pathfinder funds are turned into the church treasurer.

- All funds are to be turned into the church treasurer, unless you are operating a district club. A district club is any club, which serves more than one church. District clubs are allowed to open a checking account upon approval by the participating church boards. This account needs to be audited at least one time per year. This is done when any of the participating church books are audited. The club treasurer must plan this with the church treasurer.

If a club wishes to have its own checking account it must have the approval of the church board.

The club treasurer is responsible for providing a financial report to the club director and when requested. The club treasurer must provide financial reports each month for club staff meetings so decisions can be made responsibly.
VOLUNTEER GUIDELINES
Oregon Conference Pathfinders

Volunteer Screening
Volunteers must be well known by club staff and interviewed as though they are applying for a paying position. It is important that all who wish to work with minors follow this process.

- Applicant must be members of the congregation or known by the organization for at least six months prior to service.

- The Oregon Conference Volunteer Ministry Information Form is on the Conference website. It is a 3-page document including the Youth/Children’s Ministry Volunteer Code of Conduct. Download the form at http://orgcriskmanagement.netadvent.org/volunteers

- Applicant must sign the Oregon Conference Volunteer Ministry Information Form authorizing a background check, driving record check, and list three personal references prior to service. Applicant must also sign the Code of Conduct page.

- Applicant must mail the Volunteer Ministry Information Form and Code of Conduct to the Oregon Conference by postal mail for processing.

  Oregon Conference Risk Management
  19800 Oatfield Road, Gladstone, OR 97027

- When the background check and referencing are completed by the Oregon Conference Risk Management office the church pastor will be notified of the applicant’s volunteer status. NOTE: Information received regarding an applicant and the results of their background check are kept confidential at the Oregon Conference Risk Management Office.

- Volunteers must reapply every three years by resubmitting the Oregon Conference Volunteer Ministry Information Form to the Risk Management office.
PATHFINDER SAFETY
Oregon Conference Pathfinders

Protecting Against Abuse and Sexual Molestation
Youth need to learn the proper way to lead. Strict supervision must be provided to ensure that potential abuses are avoided. If any type of abuse is reported or suspected, immediately contact the Oregon Conference Pathfinder Director and / or the Risk Management Department.

Required Safety Training:
- Pathfinder Safety Training – for Staff & Teens
  o Attend yearly by all Pathfinder Staff
  o Held at Pathfinder Leaders Convention annually
  o Includes Risk Management & Volunteer Safety information
  o Provided by Oregon Conference Risk Management Department

- Church & School Safety Training – for Adults only
  o Attend once every 3 years by all Pathfinder Staff when updating Volunteer application
  o Held at locations around the Conference
  o Includes Risk Management & Child Abuse Safety Training
  o Provided by Oregon Conference Risk Management Department

Optional Safety Training provided by a Pathfinder Club
  o Oregon Conference Risk Management Director must approve all Safety Training Instructors for classes taught at the Club-level
  o Instructors must be from a reputable city, county, or state agency

PERMISSION TO PARTICIPATE & MEDICAL CONSENT
Provisions MUST be made for club staff to bring these forms to all offsite activities.
- Parental permission and medical consent forms are mandatory including children of staff and volunteers for all off-site activities.
- Permission & Medical Consent Forms will be used as part of the offsite registration process at conference events.
PERMISSION & MEDICAL CONSENT FORM
Oregon Conference Pathfinders

Name ____________________________ Age ________ Birth Date ___________ □ M □ F
Address __________________________ Phone ____________________________
City ____________________________ State ________ Zip Code ____________
Club ____________________________ Grade in school ____________________
Parent / Legal Guardian(s) Name (Father) ____________________ (Mother) ____________

Event Participation
I understand that I am required to give my consent before my child can participate in this event. By signing this form, I hereby represent that I am the custodial parent or legal guardian of the child listed below and that I consent to my child’s participation in this event, including transportation to and from the event (if applicable).

Event: ____________________________ Event Date: ____________________________
Event Location: ____________________________________________________________

Medical Permission
I give permission for adult leaders/volunteers to administer emergency treatment, contact emergency personnel, and act in my stead in approving necessary medical care until I can reasonably be contacted. I understand that should any medical bills be incurred, our family’s insurance(s) may be used and the Oregon Conference general liability insurance (Risk Management) is limited in amount up to a maximum of $5,000 for one year from the injury.

Family Insurance Company: ________________________________________________

Family Insurance Policy Number: __________________________________________________________________

Allergies: Please list all allergies your child has: ______________________________________________________

________________________________________________________________________

Medications: Please list all medications your child takes: ______________________________________________

________________________________________________________________________

Physical Conditions: Please list any conditions that limit your child’s participation in this event: ______________

_____________________________________________________________________________________________

Please list any dietary requirements and/or allergies that must be observed: ________________________________

_____________________________________________________________________________________________

I, on behalf of myself, my spouse, next of kin, executors, heirs, assigns, or anyone else who might claim or sue on my or my child’s behalf, fully release and agree not to sue the Oregon Conference of Seventh-day Adventists and any of its agents, employees, and/or volunteers from any and all liability, including but not limited to any claims, losses, or liabilities due to death, personal injury, disability, property damage, medical expenses, and/or theft, that may arise from or relate to my child’s participation in the event, including transportation to and from the event and any provision of medical care.

_____________________________ ______________________________
(Parent/Guardian Signature) (Date)

_____________________________ ______________________________
(Parent/Guardian Name – please print) (Cell or Daytime Phone) (Nighttime Phone)

Minors Supervision - RATIO
Guidelines for Church Activities

Please NOTE:

- These guidelines are to be followed with minors, ages 10 – 17 years old.
- Children 9 and under should have parental supervision at all times.
- All activities must be approved by the church board and recorded in the board-minutes.
- The two-adult rule must always be followed for every activity.

“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-adult rule”). This protects the child as well as protecting the adult from possible allegations.” (Please refer to the Code of Conduct and Guidelines for Volunteers in the Volunteer Form Application).

On site location – 1 adult to 10 minors ratio
- Our site locations (i.e. our church, school, Gladstone Campgrounds, BLYC)
- Phone available
- Restrooms are available
- Medical facilities are close by and accessible
  - First Aid Kit

Off site location – 1 adult to 6 minors ratio
- Any or all facilities that are not operated by the Oregon Conference
- Phone available
- Restrooms are available
- Unaware of nearest medical facilities locations
  - Provide one adult with current First Aid/CPR certification
  - First Aid Kit

Remote location – 1 adult to 4 minors ratio
- Restrooms are not available
- Within 5 hours of Medical Response Team
  - Provide one adult with current First Aid/CPR certification
  - Wilderness First Aid Kit (Has more emergency supplies and equipment)

Extreme location – 1 adult to 4 minors ratio
- Outside of 5 hours of Medical Response Team
- Provide one medical professional with current certification (Doctor, Nurse, EMT, or adult with current Wilderness First Aid certification)
  - Wilderness First Aid Kit

Oregon Conference Risk Management Department – Revised January 2011
HEALTH AND MEDICAL RECORDS

Name __________________________________________ Age ________ Birth Date ________

Address __________________________________________ Home Phone ______________

City __________________________________________ State _______ Zip ____________ Male __ Female __

Pathfinder Club Name _____________________________________________________________

Health History
Have you had or currently have:

<table>
<thead>
<tr>
<th>Past</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Earache/Ear Trouble</td>
</tr>
<tr>
<td>Bed wetting</td>
<td>Ear Tubes</td>
</tr>
<tr>
<td>Constipation</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Fainting Spells</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Frequent Diarrhea</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses</td>
<td>Hay Fever</td>
</tr>
<tr>
<td>Fever</td>
<td>Heart Trouble</td>
</tr>
<tr>
<td>Severe Stomachaches</td>
<td>Sinus Trouble</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>Sleep Walking</td>
</tr>
<tr>
<td>Menstrual Problems (For Women Only)</td>
<td>Tuberculosis</td>
</tr>
</tbody>
</table>

Allergies or Allergic Reactions (Check if yes and tell what happened)

- Medications
- Bee Sting
- Food
- Poison Oak/Ivy
- Other Allergies (list)

Please List All Serious Illnesses or Operations in the Past Five Years

<table>
<thead>
<tr>
<th>Operation or illness</th>
<th>Date</th>
<th>Hospitalized (yes or no)</th>
</tr>
</thead>
</table>

Please List All Medications Currently Being Taken

<table>
<thead>
<tr>
<th>Medication</th>
<th>Date</th>
<th>Reason for Taking</th>
</tr>
</thead>
</table>

Physical Activity

Any restriction of activity for medical reasons? Explain

Any other types of health concerns, which might be pertinent?
Any unusual behaviors (nightmares, sleep talking)

### Immunization History

Required immunizations must be determined locally. This is a record of basic immunizations and most recent Boosters.

<table>
<thead>
<tr>
<th>Check</th>
<th>Date</th>
<th>Check</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Measles Vaccine (live)</td>
<td></td>
<td>☐ Tetanus Booster</td>
<td></td>
</tr>
<tr>
<td>☐ German Measles (Rubella)</td>
<td></td>
<td>☐ Tuberculin Test</td>
<td></td>
</tr>
<tr>
<td>☐ DPT Series</td>
<td></td>
<td>☐ Chicken Pox</td>
<td></td>
</tr>
<tr>
<td>☐ Polio OPV (Sabin)</td>
<td></td>
<td>☐ Mumps Vaccine (live)</td>
<td></td>
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</tbody>
</table>

**Oregon Residents:** Does your child meet current Oregon State law for school attendance? ☐ Medical Exemption ☐ Religious Exemption

### Diet

☐ Regular ☐ Diabetic ☐ Low Salt ☐ Low Fat/Cholesterol ☐ Vegan ☐ Other

### Inform in Case of Accident or Illness

Parent/Guardian/Spouse ____________________________________________________________

Home Address ___________________________________________ Home Phone ________________

Work Address ___________________________________________ Work Phone ________________

**If contact listed above is not available, in emergency notify:**

Name ___________________________________________ Name ______________________________

Address ___________________________________________ Address _________________________

_____________________________________________________________ _________________________

Phone: Home __________ Work __________ Phone: Home __________ Work __________

**Doctor to Consult in Case of Emergency**

Name ___________________________________________ Address ____________________________

City ___________________________ State ______ Zip _________ Phone ___________________

### Do You Have

Medical Insurance? ___________________________ if yes, please provide Insurance Number ___________________________

(Yes or No)

Insurance Name ___________________________

PARENT’S AUTHORIZATION—required for those under 18 years of age or under 21 if still living at home.

This health history is correct so far as I know, and the child named above has permission to engage in all activities, except as noted herein by me. Exceptions (if any) ___________________________. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injections or surgery for my child. A photo copy of this shall be as valid as the original.

Signature ___________________________ Date ___________________________

Parent or Guardian
WATER SPORTS & HIGH RISK ACTIVITIES

Required by Adventist Risk Management

Water sports and other high-risk activities require greater levels of experience on the part of leaders, increased levels of monitoring and protection, and additional control measures on the part of leaders and Pathfinders alike. To reduce the potential for accidents, it is crucial that:

- All participants have achieved any mandatory prerequisites before they are allowed to participate in water sports or high-risk activities sponsored by the Pathfinder club;

- A safety orientation is provided to all participants before the activity is undertaken and verification is made that all Pathfinders have the appropriate signed parent/guardian permission form on file before they are allowed to participate in said activity;

- All participants (including volunteers) in water-related sports (except swimming) are required to wear personal floatation gear at all times, without exception;

- Water-safety personnel and lifeguards with current lifesaving/CPR certifications are present;

- All appropriate safety gear required of specific high-risk activities will be mandatory at all times, without exception; and

- Participants who refuse to follow established safety rules and practices are removed from the activity.

(Taken from Pathfinder Safety – A Duty to Protect, Adventist Risk Management, Color Press, 2009)
PATHFINDER INSURANCE
Oregon Conference Pathfinders

General Liability Insurance
Pathfinder Club activities in the Oregon Conference are covered by the Conference Pathfinder insurance. Oregon Conference insurance is called Adventist Risk Management and all forms are filed through the Conference Risk Management Office. If you have an accident and need to file a Medical Payments Claim Form be sure you contact your District Coordinator and the Oregon Conference Pathfinder Office ASAP to let them know what has happened. Prompt notification as soon as possible after the event occurs is imperative!

General Liability Coverage
- Coverage is for anyone who is accidentally injured on or away from the church premises while participating in Pathfinder activities approved by the church board.
- Provides secondary coverage of up to $5,000 for one (1) year from date of accident.
- A Medical Payments Claim Form must be filled out and signed by a Supervisory Adult and filed with Risk Management at the Oregon Conference office as soon as possible following the injury.
- Please complete and retain claim form with Pathfinder records even if medical treatment is not immediately sought. If medical treatment becomes necessary within 1 year from the date of the accident then please submit the claim form to Oregon Conference Risk Management at that time.
- Download the Adventist Risk Management Medical Payments Claim Form and carry a copy with the Pathfinder club.

http://orgcriskmanagement.netadvent.org/assets/246455

Rock Climbing & Rappelling – Additional Insurance Coverage
When participating in rock climbing and rappelling activities you will need to have approval from the Oregon Conference Pathfinder Director. Because this is considered a high-risk activity Risk Management requires that one of their approved Rock Climbing & Rappelling Instructors be onsite. There is a fee for additional insurance for each person participating in Rock Climbing & Rappelling. All conference-sponsored Teen Rock Climbing events include this additional insurance with the cost included in the event registration fee for participants.

Mission Trips & Out-of-Conference Trips – Additional Insurance Coverage
Additional accident insurance is available to Pathfinder Clubs when choosing to participate in activities beyond the usual scope of the local church or Conference program such as mission trips or out-of-conference trips. The Club Director will need to have approval by your church board(s) and the Oregon Conference Pathfinder Director. The Club Director will then need to contact Risk Management at the Oregon Conference Office to purchase additional insurance. The cost is based per participant and charged to the club.
DRIVER & SEATBELT REQUIREMENTS

NAD Working Policy P 50 26 -- Vehicle Insurance

(4) Driver Record/Qualifications:
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. The driving record (Motor Vehicle Record) of each driver shall be obtained from state/provincial records when their volunteer information form is submitted and should be reviewed every three years. 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.

(5) Load capacity:
Vehicles should not be operated carrying more than the official rated load capacity. All vehicle occupants are required to wear seat belts and/or shoulder belts as required by law and OSHA (Occupational Safety and Health Act of 1970) standards/or the appropriate government agency.

STAFF AND DRIVERS’ NOTEBOOKS

Be sure all Staff and Drivers have completed an Oregon Conference Volunteer Staff Information form and been approved by the Conference Office and that the Driver’s Certificate of Qualification has been signed by each driver.

Required:
1. Make one notebook for each staff who transports Pathfinders in their vehicle.
2. Include a copy of each Pathfinder’s Permission & Medical Consent Form in the notebook

Recommended:
1. Itinerary of trip
2. Copy of maps
3. Copy of knots and ropes for tying knots and other activities the Pathfinders may play and practice while riding
4. First Aid Kit
5. Roadside Emergency Kit

Scheduled Travel Limits:
1. It is recommended that a person drive no more than eight (8) hours per day and absolutely no more than ten (10) hours per day.
2. Vehicles should be used in travel no more than fourteen (14) hours per day.
3. Long distance travel time should also include consideration of periodic rest stops, weather, road conditions, traffic and the time of day or night.
CERTIFICATE OF QUALIFICATION
TO TRANSPORT MINORS BY PRIVATE VEHICLE
(This form, along with the vehicle insurance photocopy, is to be kept on file with the local club.)

1. The undersigned is volunteering to drive a motor vehicle for the purpose of transporting pupils on a church and/or school - authorized activity, and hereby certifies that the following information is true and correct.

   - I have completed and returned an Oregon Conference Volunteer Information Form
   - I have a current standard or higher driver’s license.
   - I 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.
   - I am at least 21 years old.
   - I have provided a photocopy of my current vehicle insurance card.
   - The automobile I will be driving is insured in compliance with local state laws.

2. The number of riders shall not exceed the seating capacity with safety restraints.

3. Open trucks or open pickups shall not be used to transport people.

4. The use of trailers and moving vans are prohibited for use in transporting people. When using campers, verbal communication must be available at all times between driver and all passengers.

5. When motor homes are used to transport people, seating capacity shall be adhered to strictly.

6. Each vehicle shall have adult supervision (at least 21 years of age)

7. Be sure to take extra cash in case of a breakdown. Travel in a group as much as possible.

8. Each vehicle must carry the event Permission and Medical Consent forms for each of the passengers in the vehicle.

Driver’s Signature ___________________________ Date _________________

Name of Insurance ___________________________ Policy Number ___________

(Retain completed form with club records for one year.)

SCHOOL POLICY FOR PATHFINDER ACTIVITIES
Oregon Conference Pathfinders

Under no circumstances do Pathfinder activities automatically excuse students from school. Teachers naturally become upset when a student arrives Friday morning and happens to mention that he is leaving at 10 am without prior arrangement weeks in advance by the Pathfinder club staff. The following procedures help build good relations between your club and your school.

Staff Planning Responsibilities

- Consult with the school at least two weeks prior to the planned activity.

- Obtain the school’s approval for any prearranged absence of students before the activity is to be announced to the Pathfinders.

- In consultation with the school, prepare and provide the Pathfinders’ parents a Parental Authorization Form to be signed by the parent to give the Pathfinder staff permission to take the student from school.

- Give the school a final list of all students participating two days before departure. Include the following:
  - Names of the Pathfinders to be dismissed
  - Parental Authorization Form to take student from school
  - Time the students are to be picked up

- The appropriate prearranged absence and parent permission forms need to be on file for each student participating.

- If you have Pathfinders in public or other schools you need to make arrangements there as well

Pathfinders’ Planning Responsibilities
Help students understand their part in working together with their teachers.

- Expect that students will be required to make up any missed schoolwork as a result of the activity; therefore, encourage them to be prompt in completing assignments.

- Remind students that the teacher is in charge of the school and that they must make proper arrangements to leave early, even for a conference-sponsored event. They should check ahead to see what schoolwork they would be required to make up.

NOTE: Clubs should ask for dismissal of Pathfinders for weekend activities only. One-day activities should be conducted on Sunday or other non-school days.
Local Conference Camporee
The Department of Education will allow Pathfinders and school-aged Pathfinder staff to miss up to one day of school without penalty for the specific purpose of attending the local conference camporee under the following conditions.

- Students are not to be taken out of school any earlier than would allow them to arrive at the camporee site no earlier than 2 ½ hours before the scheduled supper. (Note: Some selected older students may leave earlier in order to set up their club’s camping area at the camporee site).

- Travel time is to be computed as follows: (Total miles from point of departure to the camporee site divided by 45 m.p.h.) $1.3 = \text{total hours travel time (the tenths can be multiplied by 60 to get minutes.)}$ See also scheduled travel limits below.

- The club director, at least a day beforehand, will supply the Principal or Head Teacher with a list of the Pathfinders in their school who will be leaving for the camporee, the time they will be leaving and the adult driver they are scheduled to be traveling with to the camporee site.

North Pacific Union Conference Camporee
The same policy will apply with the exception that the Union Camporee will begin on Thursday and Pathfinders and school-aged staff will be allowed to miss up to two days of school instead of just one.

- The only exception to this would be if travel time were calculated out to go beyond the scheduled limits below. Students would be penalty-exempt for the additional travel time also.

Scheduled Travel Limits

- It is recommended that a person drive no more than eight (8) hours per day and absolutely no more than ten (10) hours per day.

- Vehicles should be used in travel no more than fourteen (14) hours per day.

- Long distance travel time should also include periodic rest stops, weather, road conditions, traffic and the time of day or night.