

# Pathfinder Counselor JumpStart Certification Check List



## Participant information

Name \_\_\_\_\_

E-mail \_\_\_\_\_ Contact phone \_\_\_\_\_

Training initiation date \_\_\_\_\_ Home Conf. \_\_\_\_\_

## Certification requirements

### Prerequisites

1. Be at least 18 years old. . . . .
2. Be at least 8 years older than your unit members. . . . .
3. Be a baptized Seventh-day Adventist Christian who loves Jesus and is willing to share this love in both word and deed. . . . .
4. Hold a Pathfinder Basic Staff Training Certification. . . . .

Date \_\_\_/\_\_\_/\_\_\_ Reviewing MG \_\_\_\_\_

### Seminars

PYSO 121    Discipling and Discipline: An act of discipling  
Date \_\_\_/\_\_\_/\_\_\_ Event/Loc, \_\_\_\_\_ Instructor sig. \_\_\_\_\_

PFAD 100    The Pathfinder Club Chain of Command: The counselor's support team  
Date \_\_\_/\_\_\_/\_\_\_ Event/Loc, \_\_\_\_\_ Instructor sig. \_\_\_\_\_

PFAD 101    The Counselor's responsibilities  
Date \_\_\_/\_\_\_/\_\_\_ Event/Loc, \_\_\_\_\_ Instructor sig. \_\_\_\_\_

RCSF 120    Safety and the Counselor  
Date \_\_\_/\_\_\_/\_\_\_ Event/Loc, \_\_\_\_\_ Instructor sig. \_\_\_\_\_

PYSO 124    The Counselor's relationship with the Pathfinder  
Date \_\_\_/\_\_\_/\_\_\_ Event/Loc, \_\_\_\_\_ Instructor sig. \_\_\_\_\_

### Required Field Work

1. Take part in a commissioning ceremony after seminar training and before active service begins. . . . .

Date \_\_\_/\_\_\_/\_\_\_ Event Loc. \_\_\_\_\_

2. Be an active Pathfinder staff member for a year.
3. Establish a mentoring relationship with an experienced counselor. Document the conversations, advice and evaluations of your service that they share with you over the course of a Pathfinder year. . . .

Mentor Name \_\_\_\_\_ Phone \_\_\_\_\_

**Continued on back.**

- 
- 4. Participate in a daily Bible reading or devotional plan for at least six months. Use of an audio or video Bible is acceptable. ....

Name of Bible Reading Plan \_\_\_\_\_

- 5. Create a *Portfolio* that contains the handouts and your personal notes from the seminars you attend. Include copies of your notes and documentation that shows completion of field work requirements. ....

*Recommended Field Work*

- 1. Hold a current CPR certification from a nationally recognized organization. ....

Date \_\_\_/\_\_\_/\_\_\_ Issuing agency \_\_\_\_\_

- 2. Hold a current First Aid certification from a nationally recognized organization. ....

Date \_\_\_/\_\_\_/\_\_\_ Issuing agency \_\_\_\_\_

---

**Reviewing Master Guide use only**

I have completed a review of the participants *Portfolio* and *Counselor JumpStart Check List* and have found them to have completed the requirements for this certification.

Training completion date \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_

E-mail \_\_\_\_\_ Contact phone \_\_\_\_\_

Home Conf. \_\_\_\_\_

**Failed review instructions**

In the event of a failed review, the reviewing Master Guide should return the Portfolio to the participant along with a written note explaining what additional work or documentation must be completed to receive a pass.

**Reviewing Master Guide disclaimer**

Completion of this training curriculum does not guarantee the bearers overall qualification to lead, nor does it give a guarantee of ability, aptitude, or placement. It simply marks completion of a training curriculum.

**This space purposefully left blank.**