



# Master Guide Investiture Application

Central California Conference of Seventh-day Adventist  
**YOUTH MINISTRIES DEPT.**  
 2820 Willow Ave. Clovis, CA 93612  
**Phone: (559) 347-3174    Email: pathfinders@cccsda.org**

**Name** \_\_\_\_\_ / \_\_\_\_\_  
 First Middle Initial Last Maiden Name

**Address:** \_\_\_\_\_  
 Street City State ZIP

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Age:** (please check one)    16-19    20-39    40-59    60+

	Ok to Call	Best Day	Best Evening
<b>Home Telephone:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cell/Other:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Email Address:</b> _____			

**Master Guide Program Start Date** \_\_\_\_\_ **Completion Date** \_\_\_\_\_

**Please Provide for Review the following**

- Master Guide Record Card with appropriate signatures
- Portfolio documenting all completed work

- Encounter Devotional Guide responses
- Copies of certificates, handouts, and other pertinent activities earned
- Devotional Journal
- CPR with AED
- Fitness Lifestyle Development Plan
- All required summaries according to requirements
- Provide your own slide, scarf, and pins. (You may purchase them from AdventSource)

**Desired Investiture Date** \_\_\_\_\_ **Place** \_\_\_\_\_

I affirm that the information listed above is accurate.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**FOR YOUTH MINISTRIES OFFICE USE ONLY:**

Date Received: \_\_\_\_\_  Approved  Not Approved/Need Further Review

Date Approved: \_\_\_\_\_ Signature: \_\_\_\_\_