

NGU & ADULT only APPLICATION & MEDICAL/LIABILITY RELEASEEvent: UNITREAT, Kingston, OK Event Date(s): Sept 17 - 19, 2010

NAME OF UNITY CHURCH _____

NAME OF ADULT: _____ Birth Date: _____

Male/Female _____ Uniteen Leader/Chaperone _____ No. regional events attended: Uniteens _____ Y.O.U. _____
circle one circle one

Address: _____ City, State _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email address: _____

Vegetarian _____ Other Meal Requirements _____ Emergency contact: _____

Are you First Aid / CPR Certified? Yes / No _____ Date Certification Expires _____
circle one**MEDICAL HISTORY**

I certify I am in good health and able to participate in all Unity teen ministry activities:

____ Yes ____ No If NO, specify limits of participation _____

Are you allergic to any food or medication: ____ Yes ____ No (If Yes, specify: _____)

Are you currently under a doctor's supervision for:

____ Epilepsy ____ Diabetes ____ Asthma ____ Allergies (allergies not listed above: _____)

Other condition or special-care needs (specify): _____

Current Medication: _____ Date of last Tetanus shot: _____

INSURANCE INFORMATION & AUTHORIZATION

FAMILY PHYSICIAN (name & phone number): _____

MEDICAL INSURANCE (company & policy number): _____

Phone # to verify coverage or submit claim: _____ Policyholder's name: _____

*** Or attach copies of Insurance Card(s) to back of form. ***

Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other necessary medical services and, unless covered by insurance, agree to pay for same. I agree to indemnify and hold harmless from responsibility the Camp, the Church, the Association of Unity Churches (the Association) and the South Central Region (the Region), their employees, volunteers, agents, representatives and group leaders in the event of sickness or accident involving me, no matter how caused.

Photography release. I hereby grant Unity Church, The Association, the South Central Region and their representatives permission to use photographs and videotaped images (from local and regional Uniteen events) in which I appear, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.

Roster release. I hereby grant permission to include my name and address in the Unitreat Roster. I understand that this roster will be distributed only to the other attendees at the Unitreat for the sole purpose of pen pal activities.

Confidentiality. I understand that information on this form will only be shared, as needed, with group leaders, church staff and medical professionals (such as hospital staff) to safeguard and support this participant. This information will not be publicly disseminated or released to any outside organization (except as noted above for the Unitreat Roster.)

SIGNATURE _____ Date: _____

Witness Signature: _____ Date: _____

PLEASE READ & SIGN BOTH PAGES OF THIS FORMLeader: Please make 3 copies per person; one for the region, one for the church & one to travel with the group. VER: 0409

♥♥♥♥♥♥♥♥♥♥♥♥♥♥♥♥ **ADULT HEART AGREEMENT** ♥♥♥♥♥♥♥♥♥♥♥♥♥♥♥♥

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By choosing to attend this Uniteen event, I agree to do my part to help create a fulfilling spiritual experience for all. I understand my choices not only affect my own experience, but others' in the group as well. My commitment is to support an environment that creates opportunities for spiritual self-discovery, and maintains physical & emotional safety for all.

I understand that certain behaviors which may be appropriate elsewhere are not appropriate during this event. In addition to Region policies and applicable laws, I willingly agree to:

1. **Attend & participate at all scheduled activities and remain at the event for the entire weekend, unless otherwise authorized by event leaders. I also agree to arrive on time for the event and for all scheduled activities.**
2. Work in harmony with event leaders. Should I disagree with their plans, I will address the issue directly with them. I will promptly report any heart agreement violation to event leaders and will discuss with the Consultant any concerns about a fellow leader's decision or conduct.
3. Respect a Uniteens expectation of **confidentiality** when sharing, **but** I will not take on the responsibility of keeping a secret that could cause harm to the teen or someone else. I will make sure that Uniteens understand my obligation to report any threat of physical harm to oneself or others. I will discuss any suspicion of abuse or suicidal tendencies immediately with the Consultant.
4. Be above reproach in my behaviors with teens and other adult leaders. I will maintain appropriate physical boundaries and avoid compromising situations. Specifically I will:
 - not tell jokes or speak words which contain sexual innuendoes, nor discuss with youth about my activity or experiences.
 - not prolong hugs, return a kiss or pull youth close to my body. I will not touch anyone on the genitals, breasts or buttocks (which includes not allowing a teen to sit on my lap.)
 - not pursue a romantic or intimate relationship with a youth or adult, and remember others may not interpret my intentions accurately. I will honor personal boundaries of others.
5. Not use, possess, or participate under the influence of, alcohol, tobacco, illegal drugs or other restricted substances. I understand any such use is neither appropriate nor welcome in this group setting. If needed, I can bring whatever is necessary and within agreements (e.g., gum or candy) to aid in abstaining from the unwanted substance.
6. To stay within designated boundaries at all times, remain in assigned groups and housing, not entering housing of the opposite sex and staying in my room at lights out and honoring others' needs for sleep.
7. To demonstrate honest, responsible, trustworthy behavior by extending courtesy to the facility staff and to be a good steward of the facilities and grounds
8. Not be a part of character assassinations, put-downs or judgments of other people. I will use appropriate language and look for ways to create a special experience for myself and others.
9. Be centered during group meditation & prayers, remain silent and respectful to the experience.
10. Not have in my possession a CD player, mp3 player or radio at any scheduled event. These may be used only at free time or at bedtime **WITH HEADPHONES** so long as it does not disturb anyone else. I will leave cell phones & beepers OFF and stored in the car.
11. I understand I am here to facilitate the youths' experience, not to be one of them, serve as their parent or "fix" anyone. Nor will I use the youth as my support group, but seek out the chaplain or an event leader if I am in need of personal support.
12. I agree that I am here to create a sacred and safe space for the maximum benefit of the youth from the time of their arrival at church to travel to the event until the return arrival and parent pick up of their youth.

Leader/Chaperone Name (Please print clearly)

Leader/ Chaperone signature

Date

Church Representative Name (Please print clearly)

Church Representative signature

Date

PLEASE READ & SIGN BOTH PAGES OF THIS FORM

VER0409

Leader: Please make 3 copies per person; one for the region, one for the church & one to travel with the group.

Optional

Optional

Spirit Group Co-Leader Application

****Adults Only****

Adults who have attended previous Unitreats and/or Y.O.U. events and are willing to share their Light as a group co-leader.

Job description:

At the Unitreat, you will play a very important part in the lives of a group of young teens and preteens who will be selected to be in your "Spirit Group". You will be a role model, a friend, a listener, and primarily a co-facilitator.

If you are selected as a Spirit Group Co-Leader you will be sent a copy of the Spirit Group material prior to the Unitreat. You will be asked to read over the material and become comfortable with the activities before the Unitreat.

Spirit Group co-leaders should be prepared to take over the leadership role if the other co-leader is unable to fulfill their commitment. A conference call will be scheduled to review questions regarding the material.

Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email address: _____

Please print legibly and provide a VALID email address that you check often. Otherwise, please leave blank.

Previous experience working with youth in a leadership role:

I want to be a part of the program as a "Spirit Group Co-Leader" because:

Number of years in Unity: _____ Number Unity Adult Ed Classes taken (CEP or SEE): _____

Number of Regional Events attended: _____ Uniteens _____ Y.O.U. _____ I.Y.O.U. Peace by Piece _____

I am comfortable guiding the following activities: (Please check all that apply)

___ Prayer/Meditation ___ Simple Craft Activity ___ Ice Breakers ___ Games ___ Team Activities ___ Other (list)

(Craft activities will be supplied with instructions)

Two references who have witnessed your work with youth other than family members:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Non-leader adult applications must be SIGNED by the Uniteen Leader or Minister.

Uniteen Leader/Minister Signature: _____ Phone Number _____

(As a minister, I feel that the above person is ready to be a retreat support team member, without reservation I recommend him/her to be a family co-facilitator.)

Church Name and Address

Experienced

Leaders

**Unitreat
Adult Head Sponsor Application**

****EXPERIENCED LEADERSHIP ONLY ****

Adults (age 25 or older) who have attended previous Unitreats and/or Y.O.U. events and are willing to share their experience as a member of the Head Sponsor Team.

At the Unitreat, you will play a very important part in facilitating the weekend for the entire group of young teens, preteens and other adults who will attend the Unitreat. You will be a leader in every capacity, at every moment.

If you are selected as a "Unitreat Adult Head Sponsor Team Member" you will be sent information regarding the flow of the weekend prior to the Unitreat. You will be asked to read over the material and become comfortable with the activities before the Unitreat. A complete manual with additional important and confidential information will be provided upon arrival. Please plan to arrive at 3:00pm on Friday.

Thank You for offering to serve in this high level of support and leadership. Without dedicated individuals such as you, the South Central Uniteen Ministry would not be able to offer these types on experiences. I am honored by your display of commitment to the spiritual growth of our Unity youth.

Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email address: _____

Please print legibly and provide a VALID email address that you check often. Otherwise, please leave blank.

Previous experience working with large groups of youth & adults in a leadership role:

I want to be a part of the program as a "Unitreat Adult Head Sponsor Team Member" because:

Years in Unity: _____ Years experience in Region: _____ Central _____ South _____ Other: _____

Number of Regional Events attended: _____ Uniteens _____ Y.O.U. _____ International Y.O.U. _____ P.P.P.

Two references who have witnessed your work with youth other than family members:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

All "Head Sponsor" applications must be SIGNED by the Minister or Board President.

Minister Signature: _____ Phone Number _____

(As a minister, I feel that the above person is ready to be a retreat support team member, without reservation I recommend him/her to be a Head Sponsor Team Member.)

Church Name and Address