

YOUer Permission Form

Event: _____ Date _____

Place: _____

Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone () _____ E-Mail Address _____

Male/Female Grade _____ YOU Chapter _____
(circle one)

Parent/Guardian's Name _____ Phone () _____

Contact Person during Event _____ Phone () _____

I understand that pictures and possibly videos are taken at the event.

Heart Agreement - I Agree:

- 1. To attend and remain at all scheduled activities at designated times, giving my loving support and attention to all speakers group leaders.**
- 2. To stay within designated boundaries at all times, remain in assigned groups and housing, not entering housing of opposite sex and staying in my room at lights out.**
- 3. To honor others' needs for sleep during lights out at event.**
- 4. To demonstrate honest, responsible, trustworthy behavior by extending courtesy to the facility, staff and to be a good steward of the facilities and grounds. Specifically, this means clean up after myself.**
- 5. I will not be a part of character assassinations, putdowns or judgments of other people. I will use appropriate language and look for ways to create a special experience for others and myself.**
- 6. To natural highs only. I will not have in my possession drugs or alcohol. I will not smoke at any Y.O.U. event.**
- 7. I will be centered during group meditation & prayers, remain silent and respectful to the experience of others.**
- 8. To use only safe touch, respectful to each individual's personal boundaries. I will abstain from any sexual behaviors and act in a non-provocative manner at all times. *YOU events are not the place for romantic expression. Also, be conscious of appropriate dress and appropriate dancing at the dance.***
- 9. To travel to and from all events in a vehicle driven by a sponsor or adult (25 years or older).**
- 10. To have any prescription medication stated on the medical release form, properly labeled and held by either my sponsor or the wellness person. If I need to take any non-prescription medication it must be stated on the medical release form, properly labeled and held by my sponsor.**
- 11. I will only bring an electronic device that plays music only and can be used with headphones. These may be used during free time or at bedtime WITH HEADPHONES so long as it does not disturb anyone else.**
- 12. I will not have in my possession a cell phone. Cell phones are to be left with sponsors before registration. If an emergency occurs the necessary calls will be made. If parents need to contact the YOUer they should call their sponsor. Our intention is to leave our everyday responsibilities at home and focus on our spiritual path and consciousness..**
- 13. I will obtain approval prior to event to bring a musical instrument, drums or a video camera.**
- 14. I am responsible for my own choices and behavior. If my conduct is detrimental to the spirit or intent of the event, I understand I may be pulled from continuing to participate, sent home at my expense or that of my parents and I may be in jeopardy of attending the next regional event.**

YOUer: I have read and understand the Heart Agreements: _____
(YOUer Legible Signature)

Print YOUer's Name _____

(Print Parent's Name)

(Parents Signature)

(Sponsor Signature)

Application Youth & Family Ministry Volunteer–Confidential

(Name of Unity Church)

Church Address, City, State, Zip

Phone

This form is to be completed by all persons who volunteer directly with minors in our church.

Personal Information

Name (Please Print)		E-mail
Address		Alternate E-mail
City, State, Zip	Day Phone	Cell Phone
Evening Phone	Date of Birth	Social Security Number

Unity Background & Volunteer Work Preferences

How long have you been attending our church?	Are you a member? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date joined _____
What Unity classes have you taken?	What students do you prefer to work with? <input type="checkbox"/> Nursery <input type="checkbox"/> Preschool <input type="checkbox"/> K – 2nd <input type="checkbox"/> 3rd – 5th <input type="checkbox"/> Uniteen (6th – 8th) <input type="checkbox"/> Y.O.U. (9th – 12 th) Why?
What role do you prefer? <input type="checkbox"/> Teacher/Sponsor <input type="checkbox"/> Classroom Assistant <input type="checkbox"/> Chaplaincy <input type="checkbox"/> Other _____	When are you available? Check one per column. <input type="checkbox"/> Sunday mornings <input type="checkbox"/> Weekly <input type="checkbox"/> Weekday <input type="checkbox"/> 2 Sundays per month <input type="checkbox"/> Other _____

Special Gifts

List passions, special skills and gifts, interests, hobbies. Also include languages spoken other than English.
What interests or motivates you most about serving in the Youth & Family Ministry department?

Volunteer Application—continued

Personal References

In order to process your application, please provide complete mailing addresses, including zip codes, for three character references (over 18 years of age). Select two references who attend our church, as well as someone outside the church community, preferably someone who has observed you with children. Please print clearly. Please do **not** use relatives, spouses, or significant others as references.

Name	Name	Name
Street Address	Street Address	Street Address
City, State, Zip	City, State, Zip	City, State, Zip
Home or Cell Phone	Home or Cell Phone	Home or Cell Phone
Work Phone	Work Phone	Work Phone
E-mail Address	E-mail Address	E-mail Address

Applicant’s Statement *(Please read carefully before signing.)*

I certify that the facts contained in this application are true and complete to the best of my knowledge. During the application process and at any time during any subsequent employment or volunteer time, I hereby authorize _____ *(Name of Unity Church)* to conduct an inquiry into my background to include personal and public record information. I specifically release any references, schools, institutions and/or churches listed in this application, from any liability so that they may freely and completely respond to any inquiry relating to my character and fitness for working with children/youth. I hereby release all such references including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature in regard to their release of information. I waive any right I may have to inspect any information provided about me by those personal references identified on this application. I understand that any falsifications or omissions may result in my application being rejected or may result in my termination from volunteer service.

I have read, understand and agree to be bound by the applicant statement as stated above.

Applicant’s Signature _____ **Date** _____

Incident/Accident Report Form—Youth & Family Ministry

(Name of Unity Church)

(Date)

Please fill out this form for any incident or accident that occurs while you are serving in Youth and Family Ministry, whether or not the incident resulted in injury. Provide as much detail as possible and turn in this report as soon as possible after the event.

Date and time of incident/accident _____

Name of affected party (1) _____ Age _____ Male Female

Parent/legal guardian (1) _____ Phone _____

Name of affected party (2) _____ Age _____ Male Female

Parent/legal guardian (2) _____ Phone _____

Witness 1 _____ Phone _____

Witness 2 _____ Phone _____

Place of incident _____

Description of incident: *Relate as much detail as possible, including quotations if possible. Explain action taken and by whom. Draw a diagram on the back of this sheet, if useful.*

Cause of incident (in your opinion):

Print name of person completing report _____

Address _____

Phone _____

Signature _____

Medical/Liability Release For Activities Sponsored By

Name of Unity Church

Address of Church, City, State, Zip

Complete form in **INK**. Form can be kept on file until following September 1, if information stays current. Form must be **UPDATED** if any information changes. Copy of form is to be carried with participant to every event. Copy of form is to be held at the church office.

Participant _____ Birth Date ___/___/___ M F Grade _____
Parent/Legal Guardian, if under 18 _____ Relationship _____
Address _____ City, State _____ Zip _____
Home Phone (____) _____ Work/cell (____) _____ E-mail _____
Emergency contact(s) if parent cannot be reached _____
Relationship _____ Phone (____) _____ (____) _____

MEDICAL HISTORY

I certify that the above named person is in good health and able to participate in all normal activities of the group.

Yes No If no, specify limits of participation. _____

Allergic to any food or medication? Yes No (If Yes, specify) _____

Is the participant currently under a doctor's supervision for:

Epilepsy Diabetes Asthma ADD/ADHD Allergies (not listed above) _____

Other conditions or special care needs and current medications (specify) _____

_____ Date of last Tetanus shot _____

Date

Group leaders must be informed of any prescription medication brought by participant with clear information as to proper use and dosage. If medication is "as needed," the participant must understand the symptoms of their condition and know when to ask for help

INSURANCE INFORMATION, MEDICAL CONSENT & LIABILITY RELEASE

Family Physician (name & phone number) _____

Medical Insurance (company, policy and ID number) _____

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

* * Attach copies of Insurance Card(s) front and back. * *

As the above-named parent (or legal guardian if the participant is a minor under the age of 18), I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above named participant; and I understand and consent to all terms outlined on both pages of this document (including release of photographic images & personal information).

MEDICAL/LIABILITY RELEASE (Continued) (page 2 of 2) Name of Participant _____

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to _____ Church activities and travel understanding that some activities may pose a risk of injury. I will not hold liable the Church, the Regional Association of Unity Churches and/or the Association of Unity Churches International, their employees, agents and event group leaders for any injury, illness or property damage involving the above-named participant no matter how caused. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same. If the above-named participant is incapacitated or under age 18, I do hereby authorize group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by a state-licensed physician or surgeon.

Signature (*Participant, or Guardian if under age 18*) _____

Printed Name _____

Date _____

PARENTAL CONSENT for minor under age 18

As legal guardian of the above named participant under the age of 18, I give my permission for him/her to be involved in the Youth and Family Ministry program(s) of the Church, Region and Association. I am familiar with the general goals and purpose of the program(s). I understand I will be notified of any special activities and trips away from church including location, form of travel and cost. Should my child choose to attend such activities, I agree to send them with the appropriate clothes, personal items and money needed. Unless I have made special arrangements with a group leader, transportation to/from church or group activities or to a common drop point for group travel is the child's and parent's responsibility. If my child needs to be sent home for any reason, including behavior problems or medical reasons, I agree it will be at my expense.

OTHER RELEASES **Photography release**, I hereby grant the Church, Region, Association and its representative permission to use, without compensation or restriction, photographs and videotape images (from local and regional Unity events) in which the participant appears, in any manner whatsoever, such as, but not limited to: publication, display, advertising, slide shows, etc.

Confidentiality. I understand that health information on this form will only be shared, as needed, with group leaders, church staff and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization. However, since it is common practice for the Church (or Region) to publish a participant's contact, birth date and/or school on the group's roster if they actively participate in the group (or attend a regional event), I authorize the Church (and Region) to publish such information on a local (or event) roster **EXCEPT** for the following (*please specify*):

Limit of consent. The consent outlined in this Medical/Liability Release, concerning my child's participation in Youth Ministry activities, expires next September 1 (or earlier, if listed here: _____).

It is my responsibility to notify group leaders or Youth and Family Ministry Director if any information changes or I decide to withhold consent.

ABOUT INSURANCE CARDS – THIS IS IMPORTANT!

A hospital may require a Social Security number and/or insurance card (as proof of insurance) before treatment or admittance. Make sure the participant carries that information to events, or you can provide that information here:

Above-named minor's SS# _____ - _____ - _____ Attach copies (front **and** back) of **insurance card**.

Youth of Unity Sponsor Evaluation

(Name of Unity Church)

Name _____ Today's Date _____

Position(s) Served _____

We thank you for the loving service that you have rendered to the teens and parents in our program this past year. You have touched the hearts and minds of those you with whom you've connected, and your efforts have made a significant contribution to the program and our congregation. Bless you for all you have done as a volunteer, and we look forward to having you serve this next year, as well.

Please take a few moments to answer the following questions. Your comments will help to make the Youth Ministry department even more effective. Your time is greatly appreciated.

1. How have we helped you in this past year?
2. How have we not adequately helped you in this past year?
3. What specific help would you like most in the coming year? What do you find most satisfying as a Y.O.U. Sponsor
4. What do you find most challenging as a Y.O.U. Sponsor?
5. What would you like to see added to the Y.O.U. program?
6. If there were something you could change about the part of the program you are involved in, what would it be?
7. Would you be interested in leading a session at a teacher training? In what area?
8. Do you feel appreciated and cared for as a Y.O.U. Sponsor? Please explain.
9. Have you any additional recommendations or comments you would like us to know?

Please return the survey to _____

Church Address, City, State, Zip

Phone