

2018 Great Lakes Regional Youth Event (GLRYE)

Adult Covenant

Thank you for serving as a **Group Leader, Youth Chaperone**, and/or **Adult Leader** during GLRYE. Your presence and care for youth and young adults are critical to both this youth program and to the vitality of these respective ministries. The following guidelines and covenant have been developed to help you in your respective roles and to foster an intentionally covenanted partnership at this event.

Covenant

Because God calls us to be a community of faith and leaders in Christ's Church, I covenant with God and all others engaged in this ministry to conduct myself in a manner that promotes a community of faith.

I will show love for God, neighbor, and self in how I live out the 3 Great Loves in all aspects of my behavior and decision-making during GLRYE. This includes showing respect and love for myself and others by sharing my gifts, including the following:

- Working in partnership with the GLRYE staff and other partners in ministry outreach as needed to support the event or outreach.
- Being responsible for providing safe space and a Christian role model for youth.
- Modeling a positive attitude and spirit of generosity, compassion, and service as we seek to serve and learn from one another in our time together.
- Treating all people with dignity and respect using language that is kind and up-building.
- Being intentionally visible and interactive with the participants from my group.
- Communicating firm check-in times, curfews, and policies and program updates as needed so my group will clearly understand expectations of them during this event.
- Holding to a zero tolerance for bullying, violence, or violations of these agreements.
- Following the Youth Covenant and holding members of my group accountable to their covenants.
- If informed or aware that sexual misconduct has occurred, I will discuss the situation with the person harassed and assure that it is reported to the designated staff.

I have read and understand both the Youth Covenant and the Adult Covenant I am signing. I understand that violation of this Covenant could result in my returning home at my own expense before the event's conclusion.

Participant's Name _____ Date _____

Signature _____

Name of Group: _____ Name of Group Leader _____

Thank You for Sharing In This Covenant!

Group Leaders: for each participant, please email a copy of this Covenant along with a copy of the Self-Disclosure, Medical, and Permission-Media Release as a PDF to glrye18reg@gmail.com.

Great Lakes Regional Youth Event (GLRYE)

Medical Release Form

To be completed by all GLRYE youth and adult participants.

Group Leaders: please keep originals with your files during trip.

Name: _____ [] Adult [] Youth

Last First

Age: ___ Date of Birth: ___ / ___ / ___ Grade as of Fall 2018: 7 8 9 10 11 12 Spring 2018 Graduate

Gender Identity: [] F [] M [] Trans* (*If not out, please check the gender you usually present)

Email _____

Home Phone _____ Cell Phone _____

Group Leader _____ Group Leader Cell Phone _____

Primary Emergency Contact for Youth (Parent/Guardian); for Adults (Spouse/Partner/Family/Friend):

Name: _____ Relationship _____ Cell number: _____

_____ Home/other contact number(s): _____

Other Emergency Contact: Name: _____

Cell Phone (s): _____ Other contact number(s): _____

Health Insurance Company: _____ Policy #: _____

Name of Policy Holder: _____ Group #: _____

Doctor's Name: _____ Phone _____

Current medications: List name, dosage, frequency. (Use additional sheet if needed.)

For Parents/Legal Guardian: [] Youth may self-administer above medications.

[] Group Leader or designated chaperone may assist as needed.

Permission is [] **or is not** [] granted [check one] for this youth to receive OTC medications from trip coordinator as needed. **Parent/Legal Guardian initials:** _____

Health History: List all conditions, including but not limited to allergies, sleepwalking, convulsions, diabetes, mononucleosis, epilepsy, mobility issues, emotional problems or hyperactivity, fatigue, headaches, dizziness. Please indicate how long since last occurrence of problem. (Use additional sheet if needed.)

By signing this form I verify that the health/medical and insurance information provided on this form is true, accurate and complete. In case of medical emergency, I give permission to the physician(s) selected by my/my youth's group leader to secure proper medical treatment for the participant named on this form. I agree to pay additional costs that arise from such medical treatment if not covered by insurance.

Signature: Parent/Legal Guardian (for youth); or Adult Participant: _____

Group Leaders: please keep originals of this medical release form for all participants in your group. Email a copy of this form along with the Covenant, Self Disclosure, and Permission-Media Release as a PDF to glrye18reg@gmail.com.

2018 Great Lakes Regional Youth Event (GLRYE)

Permission and Media Release Form

Permission for Youth under the Age of 18 Years

I _____ (print name) hereby give permission for my child to participate in the 2018 Great Lakes Regional Youth Event (GLRYE) and release GLRYE and its leadership and volunteers from any and all liability to me or my child as a result of his/her participation. I understand that GLRYE and its leadership volunteers do not assume any responsibility for loss of, or damage to, personal property of participant. I understand that because of the nature of certain events, there may be times where my child will not be directly supervised by an adult.

Media Release for All Participants (Youth and Adults)

I give the Great Lakes Regional Youth Event (GLRYE) and its representatives permission to use my picture (my child's picture for youth under the age of 18) in videos and digital still images for the GLRYE. I hereby release the GLRYE and GLRYE agents from any and all claims for damages, libel, slander, invasion of the right of privacy, or any other claim based on the use of the pictures.

- Yes, I give my permission
- No, I do not give my permission

Participant's Name (please print) _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Phone # _____

Parent/guardian of Youth under Age 18 _____

Signature of Parent or Guardian _____ Date _____

Group Leaders: for each participant, please email a copy of this Permission-Media Release along with a copy of the Covenant, Self-Disclosure (Adults), and Medical as a PDF to glrye18reg@gmail.com.

2018 Great Lakes Youth Event (GLRYE)

SAFE CONDUCT (Waivers, Policies, Covenants, and Forms)

-
- Registration cannot be completed without the acknowledgement of receiving, reading, and agreeing to adhere to all policies, covenants, and providing all required documents.
 - There will be zero tolerance for any forms of bullying, violence, or violations of these agreements. Participants can be sent home at their own (parents/guardians) expense or at the expense of the chaperoning youth group.
 - Leaders agree to disseminate all agreements, policies, covenants, and documents appropriately with parents, guardians, chaperones or attendees.
 - Group leader will keep all medical records, covenants, and agreements for entirety of group for duration of GLRYE.
 - The group leader will be responsible for maintaining on her or her person all attendee Medical Forms in the event of an emergency.
 - The youth to adult ratio is 8:1 with matching gender. Our safe conduct policy will only allow maximum occupancy based on number of beds or one youth per bed for an assigned room.

The United Church of Christ — Safe Church Policy

Safe Church Policy Concerning Abuse Prevention

Safe Church Conduct Self Disclosure

Safe Church Conduct Youth Covenant

Safe Church Conduct Young Adult and Adult Covenant

Medical Release

Permission & Media Release

Group Leaders: for each participant, please email a copy of this Self-Disclosure form along with a copy of the Covenant, Medical, and Permission-Media Release as a PDF to glrye18reg@gmail.com.

UCC Self-Disclosure Questionnaire for the Great Lakes Regional Youth Event

(GLRYE) Group Leader: _____

PRINT NAME

DATE

No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct, physical abuse, or child abuse has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.

True **Not True**

If not true, give a short explanation of the lawsuit. (Please indicate the date, nature, and place of the incident leading to the lawsuit; where the lawsuit was filed; and the precise disposition of the lawsuit.)

No civil lawsuit alleging financial misconduct has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.

True **Not True**

If not true, give a short explanation of the lawsuit. (Please indicate the date, nature, and place of the incident leading to the lawsuit; where the lawsuit was filed; and the precise disposition of the lawsuit.)

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credential, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct, physical abuse, or child abuse.

True **Not True**

If not true, give a short explanation. (Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor; and nature of the incident(s) leading to your termination.)

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credential, or authorization to hold a volunteer position terminated for reasons relating to financial misconduct.

True **Not True**

If not true, give a short explanation. (Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor; and nature of the incident(s) leading to your termination.)

Do you have a valid drivers' license? **Yes** **No**

With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

True Not True

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?

Yes No

If yes, please provide a brief explanation.

The covenants between persons seeking authorized volunteer positions in the church require honesty, integrity, and truthfulness for the health of the church. To that end, I attest that the information set forth in this questionnaire is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

I authorize the UCC and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements.

To that end, I authorize the UCC and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to persons who are involved in the planning and administration of the Great Lakes Regional Youth Event. I understand that the UCC will share with me information it has gathered about me, if I request it to do so.

I acknowledge my receipt and understanding of the **UCC SAFE CONDUCT (Waivers, Policies, Covenants, and Forms)**.

Print Name **Signature** **Date**

Parent/Guardian For Youth Under 18

Print Name & Signature of **Signature** **Date**

Street Name **Date of Birth**

City **State** **Zip** **County**