

R.Y.E. 2010 Adult Registration Form

Individual Adults: Please complete these forms and give them to the primary group leader of the church group with which you will be attending RYE. Include a check for the remainder of your registration amount, payable to that church. In order to observe deadlines, please talk to your group leader about the time by which they need your forms and money. Refunds will not be issued after June 1, 2010 and no adult registrations will be accepted after June 1, 2010.

Primary Group Leader: Please make a copy of all registration materials and checks for your file. Mail completed original forms along with ONE check (covering all youth and adult participants together) payable to MMS-UCC. Mail to: R.Y.E. Registrar, Missouri Mid-South Conference, 411 E. Lockwood Ave., Webster Groves, MO 63119 by May 1. Questions? Call Karin Oelzen, R.Y.E. planning team, at 314-521-7324.

Please note: Adult registrations will not be considered "complete" until we have processed your background check and you have completed three 40 minute online training sessions. Upon receipt of your application, you will be contacted with a login ID and password to complete these online trainings. All training must be completed by June 1.

Legal Name: Last _____ First _____ Female Male

Present Home Address _____

City _____ County _____ State _____ Zip _____

Your E-mail Address _____ Facebook URL _____

Home Phone # _____ Cell # _____ Work # _____

Church Group (name of church with which you are attending) _____

Name of church group's primary adult leader also attending _____

State in which this church is located (circle one): Missouri Arkansas Tennessee South Dakota
Iowa Kansas Oklahoma Minnesota Nebraska North Dakota Other: _____

T-shirt Size (adult sizes): Small Medium Large XL 2XL 3XL

Special Needs:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Wheelchair accessible room | <input type="checkbox"/> Large print worship materials |
| <input type="checkbox"/> I will need assistance moving around campus which my group will provide | <input type="checkbox"/> Infrared assisted listening device |
| <input type="checkbox"/> I will need assistance moving around campus which I'll need the RYE planning team to secure if possible | <input type="checkbox"/> Language interpretation _____ |
| <input type="checkbox"/> Other Need _____ | <input type="checkbox"/> Dietary Restriction _____ |

Note: Failure to properly disclose special needs could limit our ability to meet needs.

- I plan to attend the ASIST training July 12-13 and will need housing the nights of July 11 July 12 July 13
(Open to those ages 16 and older. Please complete the separate ASIST registration per instructions on that form)

My Total Registration Fee: \$200=Registrations postmarked by May 1 \$225=Late Registration/After May 1

Optional: I am adding \$10 \$20 \$_____ beyond my registration fee to help youth with financial need to attend.

-----**THE PRIMARY GROUP LEADER to complete all information below this line:**-----

A \$25 space deposit was paid in advance for this registrant.

X Beyond our local church's subsidy which, if any, is included in the check provided here, an additional subsidy of \$ 134 should be provided for this registrant by this entity: Iowa Conference UCC.

TOTAL amount of \$\$\$ submitted for this registrant in this check (don't include optional extra giving): \$_____.

TOTAL amount of \$\$\$ that RYE, at time of receipt of this form, should now have for this registrant (don't include optional extra giving): \$_____ (includes space deposit + all submitted subsidies + participant payments)

R.Y.E. 2010 Adult Registration Form Continued

PERMISSION AND MEDICAL AUTHORIZATION

Full name of participant _____ Date of Birth(mo/d/yr) _____

Note: All adult advisors to youth should be at least 23 years of age or older.

Primary person to contact in event of an emergency:

Name: _____ Relationship to registrant: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____ E-mail: _____

Additional person to contact in event of an emergency in which primary person cannot be reached:

Name: _____ Day Phone: _____ Evening Phone: _____

Name of Family Physician _____ Phone _____

Insurance Carrier _____ Policy # _____ Group # _____

Name of Dentist _____ Phone _____

Dental Insurance Carrier _____ Policy # _____ Group # _____

Are you under the care of a physician for... Epilepsy: Yes No Diabetes: Yes No

or any other medical condition? Please explain: _____

Any medications I expect to be taking at the time of RYE, and my specific dosages: _____

Any Allergies (food, drugs, plants, insects): _____

Additional Health Information/Things of Which We Should Be Aware (surgery or serious injuries, chronic or recurring illness/medical condition, etc.)

Date of Last Tetanus Shot (month & year): _____

I, (full name of participant) _____ have chosen to attend the 2010 United Church of Christ West Central Regional Youth Event at Parkville University in Parkville, Missouri, July 14-18, 2010.

In case of emergency, other adult leaders in my church group, conference, and/or other Regional Youth Event adult volunteers present have authorization to seek any medical attention necessary. I understand that every effort will be made to contact one of the persons I have listed above as soon as possible, but that emergency action deemed necessary may need to be taken prior to those persons being contacted. I therefore, in accordance with the U.S. government Health Insurance Portability and Accountability Act of 1996 (HIPAA), authorize release of my medical records and information to any adult leaders at Regional Youth Event 2010 seeking to help me, as well as hospitals, medical staff, personnel, agents and employees, solely for the purposes of medical treatment.

Adult Participant Signature _____ Date _____

R.Y.E. 2010 Adult Registration Form Continued

REGIONAL YOUTH EVENT 2010 ADULT ADVISOR COVENANT (must be signed)

Because God calls us to be a community of faith and leaders in Christ's Church, I covenant with God and other participants to conduct our life together at the Regional Youth Event in a manner that promotes a community of faith.

I will participate fully in the Regional Youth Event experience.

I will treat all people with dignity and respect.

I will respect the property of all people.

I will use the facilities made available to us with care. If I hurt or accidentally damage campus property, I will take responsibility for the damage done and inform a member of the RYE Planning Team right away.

I will only smoke in designated outside areas and will not smoke at outdoor group activities or around youth participants.

I will not bring or use alcohol and/or illicit drugs.

I will not bring or possess weapons of any kind for the duration of the event.

I will not engage in sexual activity of any kind.

I will avoid situations in which I might find myself alone with any youth.

I will not participate in or invite opposite gender visitation in the dorm rooms.

I will be mindful of my roommates' rights to privacy.

I realize that as an adult advisor, I am responsible for my group 24 hours a day. I am conscious of the responsibilities entrusted to me by the parents of youth in my group. I will work with the other adults in my group to keep the youth in our group safe and involved. I will also provide guidance, support and my own example as I work to help youth glean the best experience possible from their time at RYE.

I pledge to support the guidelines and procedures established by the planning committee for RYE.

While I am at RYE, I will remember that I am a representative of my local church and of the entire United Church of Christ. I agree to engage in activities and behave in a manner that is positive and contributive to the success of RYE.

I am voluntarily attending RYE 2010 and understand there are inherent risks from my participation. I hereby release, waive, forever discharge, hold harmless, defend, and indemnify RYE 2010, The United Church of Christ, my United Church of Christ Conference and Park University from any and all liability which may arise out of my participation in activities related to the RYE 2010 event, including travel to and from the event, and activities off-site.

I understand that violation of this Covenant could mean returning home at my own expense, before the event's conclusion.

Participant Signature _____ **Date** _____

R.Y.E. 2010 Adult Registration Form Continued

Guidelines for Ethics Regarding Sexual Misconduct for Volunteers

- I. **Preamble:** This ministry setting recognizes that all volunteers have obligations to fulfill their responsibilities in an exemplary manner. Moral, ethical and religious precepts require employees and volunteers to refrain from sexual misconduct with church employees, church members, children and youth, and others with whom the employee and volunteer provide leadership and/or service. We seek as church leaders to model healthy relationships. We affirm our commitment to modeling healthy relationships by reading and signing these guidelines.
- II. **Definition and Descriptions of Ethical Violations:** It will be considered a violation of these guidelines for all employees and volunteers to engage in sexual harassment. Sexual harassment is any attempt by an employee or volunteer to coerce a person into a sexual relationship, or to subject a person to unwanted sexual attention (or a minor to *any* sexual attention), or to punish a person for refusing to submit to a sexual invitation. Harassment may involve a wide range of behaviors from verbal innuendo and subtle suggestions to overt demands and physical abuse. It will be considered a violation of these guidelines for all employees and volunteers to engage in sexual conduct with any church employees, church member, youth or child, or with any person with whom the employee or volunteer maintains a leadership or service relationship, according to the following definition:

Sexual misconduct is any sexual contact or activity engaged in with a person other than one's spouse, life partner, or person with whom an open dating relationship is being established. Such activity may include but is not limited to touching or fondling erogenous zones, suggesting hugging, kissing, and body rubbing, sexual intercourse, making implicit suggestions of sexual activity, or responding affirmatively to such invitations.

It shall be considered sexual misconduct to respond affirmatively to implicit or explicit suggestions from minors. Any sexual activity with a person 18 years of age or under is considered sexual misconduct.

Agreement to Guidelines for Ethics

1. Have you read the preceding *Guidelines for Ethics Regarding Sexual Misconduct*? Yes No _____ Date
2. Do you have any questions regarding these guidelines? If so, please write them here:
3. Will you abide by these guidelines as a volunteer with this ministry? Yes No (If no, explain here)
4. Have you ever been the subject of official disciplinary proceedings concerning sexual harassment or sexual misconduct in any setting that resulted in disciplinary action? Yes No (If yes, explain)
5. *I consent to a background check and proper vetting process.*
6. I agree to complete the online training. Legalese...I understand that I will not be allowed to complete my registration until the training is complete and my background check materials processed and approved.

Print name: _____ Nature of volunteer position _____

Signature: _____ Date: _____



Background Screening Consent and Information Form © 2009, Praesidium, Inc. All rights reserved.
Applicant should complete all relevant information and sign and date the form.

Applicant's Full Name (Printed): _____

Maiden Name or Other Names Used: _____

Social Security Number: _____ Date of Birth*: ____/____/____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. The United Church of Christ Insurance Board, The West Central Region of the United Church of Christ and its Conferences abide by all applicable state and federal employment laws.

ADDRESSES (for the past 10 Years)

Present Address _____

City _____ County _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____

How Long at Former Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18:

Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY

I, _____, authorize the West Central Region, United Church of Christ, its conferences and/or their agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my service with The West Central Region of the United Church of Christ.

I release the United Church of Christ Insurance Board, and the West Central Region of the United Church of Christ, its Conferences, their agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The name above is my true & complete legal name. All information provided is true & correct to the best of my knowledge.

Signature of Applicant

Date

I understand that California law requires the United Church of Christ Insurance Board and the West Central Region of the United Church of Christ to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose the United Church of Christ Insurance Board and The West Central Region of the United Church of Christ to liability (Section 1786.29).