

Team Mentor Registration Packet For: _____

You must have completed your sophomore year in high school to be considered.

Camp UNITE 2024

You'll have as much FUN as the campers!

When:

Monday, July 15 to
Friday, July 19, 2024

Where:



Please return all forms and documents to:

Camp UNITE 2024
c/o Operation UNITE
350 C.A.P. Drive
London, KY 40744
FAX: 606-877-1018

Camp@OperationUNITE.org

**Completed packet
must be received
by Friday, June 7, 2024**

A letter confirming your
registration will be mailed to
the address listed on your application
once you have been approved.



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Team Mentor Information Sheet

Form TM-1

Complete and return a separate form for EACH applicant

Team Mentor's Name: _____ Male ____ Female ____

Mailing Address: _____ Birth Date: ____/____/____ Age: ____

City: _____ State: ____ Zip: _____ County: _____

Physical Address (if different from mailing address): _____

City: _____ State: ____ Zip: _____ County: _____

Grade completed in 2023-24?: _____ Name of school: _____

and/or Place of Employment: _____

Cell Phone: _____ Home Phone: _____

Email Address (that you check regularly): _____

Social Media Handles (Twitter, Instagram, etc.): _____

Name of UNITE representative who could serve as a reference: _____

Contact Information

Note: In case of emergency, campers will be released **ONLY** to the people listed below. Contact must present a valid picture ID.

Parent/Legal Guardian's Name

Relationship

Cell Phone

Home Phone

Work Phone

Email Address

Additional Contact (full name)

Relationship

Cell Phone

Home Phone

Work Phone

Email Address

Current Certifications (mark all that apply)

____ CPR	Expires _____	Provider _____
____ Life Guard	Expires _____	Provider _____
____ Water Safety	Expires: _____	Provider _____
____ Other (specify): _____		

Please submit a copy of each certification card along with this application.

T-shirt Size (check only 1 box)

Adult Small ____ Adult Medium ____ Adult Large ____ Adult X-Large ____ Adult 2X-Large ____ Adult 3X-Large ____ Other _____

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Waiver & Release

Form TM-2

Complete and return a separate form for EACH applicant

PLEASE PRINT

Team Mentor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Having been made aware of the activities in which the Team Mentor will participate, I hereby consent to the above-named Team Mentor's participation in Camp UNITE. I voluntarily release and forever discharge Operation UNITE, Inc. from any and all liability, claims actions or rights of action which are in any way related to the Team Mentor's participation in Camp UNITE activities. I agree to indemnify and hold Operation UNITE and its directors, officers, employees, and agents harmless from any and all costs or damages, including attorney fees, incurred in connection with the Team Mentor's participation in Camp UNITE activities. I further agree not to sue, assert, or otherwise maintain any claim or cause of action against Operation UNITE and its directors, officers, employees, and agents arising from the Team Mentor's participation in Camp UNITE activities. In case of an emergency, including medical, I understand every effort will be made to contact parents or guardians of minor campers. However, if parents or guardians cannot be reached, I hereby give Operation UNITE permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the Team Mentor's health, safety, and welfare. I release Operation UNITE from liability in acting on my behalf in this regard and rendering such medical treatment. I assume full responsibility for and the risk of any bodily injury, death or property damage resulting from Team Member's participating in Camp UNITE activities. This waiver and release form shall be governed by the laws of the Commonwealth of Kentucky.

Team Mentor or Team Mentor's Legal Guardian's Signature (if under 18)

Cell Phone

Team Mentor or Team Mentor's Legal Guardian's Printed Name

Home Phone

Date Signed

Work Phone

Photo & Media Release

I, the undersigned, do hereby assign and grant to Operation UNITE the right and permission to use and publish the image of the above-named Team Mentor. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, video and/or sound recordings taken during the Team Mentor's visit to Camp UNITE for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the UNITE website or social media channels. I agree that these images may be used by Operation UNITE for a variety of purposes, and that these images may be used without further notifying me. I specifically waive any right to any compensation I may have for any of the foregoing and release Operation UNITE from any and all liability for such use and publication.

Team Mentor or Team Mentor's Legal Guardian's Signature (if under 18)

Cell Phone

Team Mentor or Team Mentor's Legal Guardian's Printed Name

Home Phone

Date Signed

Work Phone

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Camp UNITE Code of Conduct

Form TM-3

Complete and return a separate form for EACH applicant

NOTE

Violation of these rules may result in disciplinary action, forfeiture of volunteer hours, and possible dismissal from the Camp. In the event of dismissal, transportation home will be the responsibility of the Team Mentor or their parent/guardian. Operation UNITE reserves the right to contact law enforcement officials if deemed necessary.

While traveling to or participating in Camp UNITE at the University of Pikeville:

1. Team Mentors may not have in their possession, use, or consume any non-prescribed controlled substances, illegal drugs, or alcoholic beverages.
2. Tobacco products in any form - including E-Cigarettes, Juuls, or vaping devices - are prohibited during Camp UNITE.
3. Team Mentors may not be in possession of or use any weapons (knives, guns, etc.) or any explosive products.
4. Team Mentors may not steal, deface, disfigure, destroy, or otherwise damage any real or personal property belonging to Camp UNITE, the host facilities, or other campers. **Team Mentors will be responsible to pay for any damages.**
5. Team Mentors shall not engage in the threat of, or actual commission of, any verbal, written, or physical harassment or intimidation of any person by any means.
6. Camp T-Shirt (provided) and shoes should be worn at all times unless otherwise directed.
7. **All clothing, including swimsuits (females - one-piece with no cutouts; males – trunks of appropriate length) should be respectable and tasteful in nature.**
8. Team Mentors shall not engage in any promiscuous, indecent, or obscene behaviors or public displays of affection.
9. At no time should a Team Mentor be alone with an individual camper, regardless of gender.
10. All accidents (even small ones) must be reported to a UNITE staff member immediately.
11. If a Team Mentor feels sick, they shall report their symptoms directly to their Pod Leader.
12. No profanity or disrespectful language will be tolerated at any time.
13. Team Mentors are required to let their Pod Leader know their whereabouts at all times.
14. Certain areas of campus will be designated off-limits.
15. **Team Mentors are required to know the whereabouts of their campers at all times.**
16. Cell phone usage should be minimal and correspond with times that campers are allowed to use their phones.
17. Team Mentors are not permitted to leave camp premises during camp for any reason without the express permission of the Camp Director or their designee.
18. Any known or suspected incidents of abuse shall be reported to the Camp Director or their designee immediately.

I have read, understand, and agree to comply with this Code of Conduct.

Team Mentor's Signature

Printed Name

Date

Parent/Legal Guardian's Signature (if under 18)

Printed Name

Date

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Insurance & Physician Information

Form TM-4

Complete and return a separate form for EACH applicant

NOTE

You MUST submit a copy of your insurance card or medical card along with your completed application.

PLEASE PRINT

Team Mentor's Name: _____ Social Security #: _____

Team Mentor's Date of Birth: _____

Primary Insurance Company: _____

Member ID #: _____ Group/Policy #: _____

Phone Number(s): _____ Date of Birth: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Policy Holder's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Team Mentor: _____

Secondary Insurance Company: _____

Member ID #: _____ Group/Policy #: _____

Phone Number(s): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Policy Holder's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Team Mentor: _____

Physician's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): _____

Dentist's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): _____

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Medical Information & Release

Form TM-5

Complete and return a separate form for EACH applicant

NOTE

If under age 18, you MUST submit a copy of your most recent immunization record along with your completed application.

PLEASE PRINT

Team Mentor's Name: _____ Social Security #: _____

Are all of your immunizations up-to-date? Yes___ No___

Do you regularly take any over-the-counter or prescription medications? Yes___ No___

If yes, **list any medications to be taken at Camp**, including drug, dosage, route (oral, injection, etc.) and frequency:

Do you have any allergies? Yes___ No___ Please list: _____

Do you have a history of any of the following (check Yes or No for each item):

Hearing impaired	Yes___ No___	Hemophilia	Yes___ No___	ADHD	Yes___ No___
Cancer/leukemia	Yes___ No___	Heart trouble	Yes___ No___	Asthma	Yes___ No___
Recent surgeries	Yes___ No___	Convulsions/Seizures	Yes___ No___	Diabetes	Yes___ No___
High blood pressure	Yes___ No___	Kidney disease	Yes___ No___	Other	_____

Please explain any "Yes" answers: _____

Do you have any special dietary needs? Yes___ No___ Please list: _____

What is your swimming ability? Non-swimmer___ Beginner___ Intermediate___ Advanced___

Do you require specialized accommodations in order to fully participate? Yes___ No___

Please describe: _____

Statement of Consent: (To be signed in the presence of a witness.)

I (print your name) _____, or as the parent/legal guardian of the above named Team Mentor/Volunteer (if under 18), in the event of an emergency or non-emergency situation requiring medical treatment, including accidental injury or illness, hereby grant permission for any and all medical and/or dental attention to be administered, or until such time as my parent/legal guardian can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I accept full responsibility for all financial costs that are a result of my receiving medical treatment not covered by the Team Mentor/Volunteer's personal insurance.

Team Mentor or Parent/Legal Guardian's Signature (if under 18)

Date

Witness Signature

Date

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Background Check Authorization

Form TM-6

Complete and return a separate form for EACH applicant



REQUEST FOR CONVICTION RECORDS - EMPLOYMENT/PROFESSIONAL LICENSE

Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Unlawful Narcotics Investigations, Treatment, and Education Inc. dba Operation UNITE

Agency/Organization Name and Address

350 C.A.P. Drive, London, KY 40744

ACKNOWLEDGMENT BY APPLICANT

I am requesting that the Kentucky State Police provide the above named agency/organization with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME:

First

Middle

Last

Maiden

ADDRESS:

Street

City

State

Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature

Date

Witness

Date

Return this form to:

Camp UNITE
c/o Operation UNITE
350 C.A.P. Drive
London, KY 40744
FAX: 606-877-1018

For more information contact:

Hannah Gadd
606-330-1400
hgadd@OperationUNITE.org

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Fast Tracks Activity Interest

Complete and return a separate form for EACH applicant

Form TM-7

Team Mentor's Name: _____

During camp, participants will take part in three (3) different "Fast Track" activity programs during the week. Each activity is designed to provide campers an opportunity to try out new interests in a non-threatening, learning environment. Campers **DO NOT** have to have prior knowledge of or skills in the activity in order to participate.

Team Mentors will actively assist with these Fast Tracks.

Closed-toed shoes, such as tennis shoes, MUST be worn for all Activity Tracks.

NOTE

Please identify the top five (5) activity areas for which you would like to assist. Use NUMERALS (not checkmarks) to identify priorities. Number 1 is your first choice, number 2 is your second choice, etc.

If more than 5 boxes are marked, or you do not list your top 5 choices, UNITE reserves the right to assign classes.

- | | |
|---|----------------------|
| ____ Art | ____ Football |
| ____ Baking Skills | ____ Fitness |
| ____ Basic First Aid Skills | ____ Health & Beauty |
| ____ Basketball | ____ Karate |
| ____ Cooking Skills | ____ Kickball |
| ____ Craft Shop
(Includes crochet and embroidery activities) | |

I, the undersigned, do hereby give the above-named Team Mentor/Volunteer permission to participate in the selected activities.

Team Mentor's or Parent/Legal Guardian's Signature (if under 18)

Date Signed

Team Mentor's or Parent/Legal Guardian's Printed Name (if under 18)

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Team Mentor Questionnaire

Form TM-8

Complete and return a separate form for EACH applicant

PLEASE PRINT

Team Mentor's Name: _____

Have you ever worked with middle school-aged children? Yes___ No___

If yes, please explain the role you played and responsibilities you had:

Have you had any community volunteer experience?

Would you be willing to participate in skits, cheers or other activities while at camp?..... Yes___ No___

Would you feel comfortable leading small-group discussions during camp? Please list previous experience where you have led small-group discussions or qualities that you feel make you qualified to do so.

Have you ever been a Camper at Camp UNITE? Yes___ No___

If yes, please list the years: _____

Have you ever been a Team Mentor/Volunteer at Camp UNITE? Yes___ No___

If yes, please list the years and explain the most impactful event/moment that you remember:

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Social Media Use & Standards

Form TM-9a

Complete and return a separate form for EACH applicant

Due to today's technology-dependent society, social media is a constant presence in the lives of many. Social media can take many different forms including, internet forums, blogs & micro blogs, online profiles, wikis, podcasts, pictures and video, email, instant messaging, music-sharing, and voice over IP. Examples of social media applications include LinkedIn, Facebook, Wikipedia, YouTube, X (formerly Twitter), and Instagram, etc.

UNITE strives to maintain a professional image on all online platforms, so its use is not taken lightly. While we encourage online collaboration and welcome our personnel to participate in social media, the following guidelines for appropriate online conduct will assist you in avoiding the misuse of this communication medium. When utilizing social media, even for personal reasons, UNITE personnel, must adhere to the guidelines below. A lack of adherence to these policies may result in disciplinary action, up to and including termination of employment.

1. You may not share information that is confidential and proprietary about UNITE's operations. To this extent, UNITE's operations are in many instances highly confidential and sensitive, including but not limited to: drug treatment referrals and criminal investigations.
2. Respect all copyright and other intellectual property laws. For UNITE's protection as well as your own, it is critical that you show proper respect for the laws governing copyright, fair use of copyrighted material owned by others, trademarks and other intellectual property, including UNITE's own copyrights, trademarks and brands.
3. Maliciously false statements about UNITE, current employees, potential employees, and third parties associated with UNITE, such as volunteers, are prohibited.
4. You are encouraged to write knowledgeably, accurately, and with appropriate professionalism. Despite disclaimers, your web interaction can result in members of the public forming opinions about UNITE and its employees, partners and operations.
5. You are not authorized to speak on behalf of UNITE, either online or otherwise. You will be subject to discipline if you suggest that your speech represents that of UNITE or if you knowingly permit others to infer that you are speaking on behalf of UNITE.
6. Recognize that you are legally liable for anything you write or present online. Personnel can be disciplined by UNITE for posting commentary, content, or images that are maliciously false, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.
7. Adherence to UNITE's Code of Conduct is required in the personal use of social media.
8. A word about accepting invitations to connect on social media. Personnel, in particular, those engaged in outreach activities involving children, must be cognizant that if you accept invitations or connect with children involved in UNITE programs, you must make sure that your content is at all times professional, appropriate for viewing by these individuals, and consistent with UNITE core values being taught by UNITE personnel. For example, engaging in speech and/or photos that are reckless, irresponsible, sexually explicit or other forms of speech that ridicule, malign, disparage or otherwise express bias against any race, religion or any protected class of individuals, are prohibited and grounds for discipline up to and including termination. It may also preclude you from future employment with UNITE in any outreach program for children.

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Social Media Use & Standards

Form TM-9b

Complete and return a separate form for EACH applicant

9. For safety and security reasons, UNITE personnel engaged in law enforcement activities, are cautioned not to disclose their affiliation with this agency nor shall they post information pertaining to any other member of the agency without their permission. UNITE personnel engaged in law enforcement activities are cautioned not to: (a) display UNITE logos, uniforms, or similar identifying items on personal web pages; or (b) post personal photographs or provide similar means of personal recognition that may cause them to be identified as a UNITE law enforcement official. Personnel who are, or who may reasonably be expected to work in undercover operations, shall not post any form of visual or personal identification.

Similarly, UNITE personnel engaged in law enforcement activities should recognize that social media postings may provide grounds for undermining or impeaching your testimony in criminal proceedings, and thus, can have a direct bearing on your ability to perform your job duties.

10. When using social media, UNITE personnel should be mindful that their speech and/or photos become part of the worldwide electronic domain. Therefore, UNITE personnel should be aware that privacy settings and social media sites are constantly in flux, and they should never assume that personal information posted on such sites is protected.
11. Nothing in this policy is intended to infringe upon employee rights under Section 7 of the National Labor Relations Act, 29 U.S.C. § 157.
12. UNITE personnel should expect that any information created, transmitted, downloaded, exchanged, or discussed in a public online forum may be accessed by UNITE at any time without prior notice.
13. UNITE personnel who have knowledge of a posting or of any website or webpage in violation of the provision of this policy shall notify their supervisor immediately for follow-up action.

I have received, read and understand the terms of UNITE's Social Media – Use and Standards Policy. I agree to adhere to the policy, and understand that violations of the policy may lead to appropriate discipline, up to and including termination.

Team Mentor / Volunteer Signature

Date

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UPike Informed Consent

Form TM-10

Complete and return a separate form for EACH applicant

University of Pikeville

Minors Participating in a Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM/CAMP INFORMATION:

Program/Camp Name: Camp UNITE 2024

Date(s): Week of July 16-19, 2024

Time(s): 8 am Monday through 5 pm Friday

Location: University of Pikeville various campus locations and other venues in Pikeville/Pike County, KY

PARTICIPANT INFORMATION:

Name of Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Gender: M _____ F _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand, and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program.

I, on behalf of my Child, hereby release the University of Pikeville, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "UPIKE") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless UPIKE from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that UPIKE accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of UPIKE to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify UPIKE from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all its terms and conditions. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name _____ Participant Signature _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

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About Camp UNITE

Keep This Page

- Camp UNITE is a 4-day, 3-night adventure/leadership program to be held Tuesday through Friday, July 16-19, 2024.
- Team Mentors are required to arrive at Camp on **Monday morning, July 15, 2024**, for a day-long orientation, training, and setup.
- Team Mentors are required to stay on campus through 3 pm Friday, July 19, 2024.
- Team Mentors will stay in dormitories and eat in the cafeteria on the University of Pikeville campus in Pikeville, Kentucky.
- Team Mentors will be responsible for a group of 3-4 campers under the direction of a UNITE staff member and are expected to stay with their group throughout Camp.
- It is important that Team Mentors actively participate in the entire camp program. Please do not schedule doctor or other appointments during this week.
- Camp UNITE is comprised of many fun, action-packed activities designed to develop leadership and communication skills, promote teamwork and problem solving, instill confidence and trust, and let youth know they do not have to face difficult situations on their own.
- Activities will include a combination of challenge events, swimming, outrageous games, motivational speakers, a talent show, and much more.

What to Bring

- Please limit to 1 suitcase per camper.
- Clothes (shirts, pants, shorts, socks, underwear) for 5 days. Designs or wording should not contain foul language, alcohol/drug themes, or be offensive. All shorts, skirts, etc. should be of appropriate length.
- All Team Mentors and Volunteers will be provided Camp T-shirts to be worn during Camp.
- **Tennis shoes** for Activity Tracks
- **Respectable swimming suit** (girls should be one-piece with no cutouts, boys trunks should be of appropriate length)
- Flip-flops for pool
- Towels, washcloths and other toiletry items
- Lightweight jacket or sweatshirt
- Sleeping bag or a twin bed sheet and cover
- Pillow (if desired)
- Prescription medication in original container

What NOT to Bring

- Tobacco products (including smokeless, e-cigarettes, Juuls or other vaping devices)
- Weapons (including pocket knives)
- Electronic music or entertainment devices (including computers, tablets and gaming devices)

Application Checklist

- | | |
|--|--|
| <input type="checkbox"/> Form TM-1 | Team Mentor Information Sheet |
| <input type="checkbox"/> Form TM-2 | Waiver & Release and Photo & Media Release |
| <input type="checkbox"/> Form TM-3 | Camp UNITE Code of Conduct |
| <input type="checkbox"/> Form TM-4 | Insurance & Physician Information |
| <input type="checkbox"/> Form TM-5 | Medical Information & Release |
| <input type="checkbox"/> Form TM-6 | Background Check Authorization |
| <input type="checkbox"/> Form TM-7 | Fast Tracks Activity Interest |
| <input type="checkbox"/> Form TM-8 | Team Mentor Questionnaire |
| <input type="checkbox"/> Form TM-9a-9b | Social Media Policy & Release |
| <input type="checkbox"/> Form TM-10 | UPike Informed Consent |



Anyone having any questions about these forms or regulations, or needing additional information, should contact Hannah Gadd at hgadd@OperationUNITE.org or 606-330-1400.

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