

**Volunteer Registration** Packet For: \_\_\_\_\_

To be completed by those who will be on staying on campus for multiple days  
(other than Team Mentors).

# 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 2023**  
c/o Operation UNITE  
350 C.A.P. Drive  
London, KY 40744  
FAX: 606-877-1018

[Camp@OperationUNITE.org](mailto:Camp@OperationUNITE.org)

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

Volunteers are not officially registered until they receive a confirmation notice.

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# Volunteer Information Sheet

**Form V-1**

Complete and return a separate form for EACH applicant

Volunteer's Name: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Mailing Address: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address (if different from mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address (that you check regularly): \_\_\_\_\_

Name of UNITE representative who could serve as a reference: \_\_\_\_\_

## **When You Can Assist**

Days you will be on campus: Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

Do you need lodging? Yes \_\_\_\_ No \_\_\_\_ If yes, for what nights? \_\_\_\_\_

## **T-shirt Size** (check only 1 box)

Adult Small \_\_\_\_ Adult Medium \_\_\_\_ Adult Large \_\_\_\_ Adult X-Large \_\_\_\_ Adult 2X-Large \_\_\_\_ Adult 3X-Large \_\_\_\_ Other \_\_\_\_

## **Health & Fitness**

Please list any special dietary needs: \_\_\_\_\_

Do you have any current or past health conditions that may impact your ability to fully participate? Yes \_\_\_\_ No \_\_\_\_

If yes, please specify: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

## **Current Certifications** (mark all that apply)

\_\_\_\_ CPR Expires \_\_\_\_\_ Provider \_\_\_\_\_

\_\_\_\_ Lifeguard Expires \_\_\_\_\_ Provider \_\_\_\_\_

\_\_\_\_ Water Safety Expires: \_\_\_\_\_ Provider \_\_\_\_\_

\_\_\_\_ Other (specify): \_\_\_\_\_

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

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# Releases

Form V-2

Complete and return a separate form for EACH applicant

Volunteer's Printed Name: \_\_\_\_\_

## Waiver & Release

*Having been made aware of the activities in which the Volunteer will participate, I hereby consent to the above-named Volunteer'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 Volunteer'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 Volunteer'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 Volunteer'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 Volunteer'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 Volunteer's participating in Camp UNITE activities. This waiver and release form shall be governed by the laws of the Commonwealth of Kentucky.*

### Emergency Contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home 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 Volunteer. 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.*

\_\_\_\_\_  
Volunteer's Signature (if age 18 or older)

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

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# Background Check Authorization

Form V-3

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](mailto:hgadd@OperationUNITE.org)

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# Camp UNITE Code of Conduct

Form V-4

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. Volunteers 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. Volunteers may not be in possession of or use any weapons (knives, guns, etc.) or any explosive products.
4. Volunteers may not steal, deface, disfigure, destroy, or otherwise damage any real or personal property belonging to Camp UNITE, the host facilities, or other campers. **Volunteers will be responsible to pay for any damages.**
5. Volunteers 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. Volunteers shall not engage in any promiscuous, indecent, or obscene behaviors or public displays of affection.
9. At no time should a Volunteer 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 Volunteer feels sick, they shall report their symptoms directly to the Camp Director.
12. No profanity or disrespectful language will be tolerated at any time.
13. Certain areas of campus will be designated off-limits.
14. Cell phone usage should be minimal and correspond with times that campers are allowed to use their phones.
15. 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.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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# Volunteer Questionnaire

Form V-5

Complete and return a separate form for EACH applicant

PLEASE PRINT

Volunteer'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:

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Have you had any community volunteer experience?

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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.

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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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# UPike Informed Consent

Form V-6

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.
- Volunteers working more than one day are asked to attend a day-long orientation and training on **Monday, July 15, 2024**.
- Volunteers will stay in dormitories and eat in the cafeteria on the University of Pikeville campus in Pikeville, Kentucky.
- Volunteers will assist Team Mentors and UNITE staff with a variety of Camp functions. This may include, but is not limited to, monitoring campers, set-up or clean-up for Camp activities, registration, and providing Camp program activities.
- 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*

- Clothes that do not have designs or wording containing foul language, alcohol/drug themes, or be offensive. All shorts, skirts, etc. should be of appropriate length.
- All 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 V-1 | Volunteer Info Sheet           |
| <input type="checkbox"/> Form V-2 | Releases                       |
| <input type="checkbox"/> Form V-3 | Background Check Authorization |
| <input type="checkbox"/> Form V-4 | Camp UNITE Code of Conduct     |
| <input type="checkbox"/> Form V-5 | Volunteer Questionnaire        |
| <input type="checkbox"/> Form V-6 | UPike Informed Consent         |

**Anyone having any questions about these regulations, or needing additional information, should contact Hannah Gadd at [hgadd@OperationUNITE.org](mailto:hgadd@OperationUNITE.org) or 606-330-1400.**

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