



## UMVIM Team Member Application

The mission trip team leader will not share this information except as required and related to the mission trip (e.g. to treat a medical condition).

LOCATION of PROJECT: \_\_\_\_\_

PROJECT DATES: \_\_\_\_\_ EXPECTED COST: \$\_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies/interests: \_\_\_\_\_

Languages (Proficiency Level): \_\_\_\_\_

Construction/Healthcare Specialties: \_\_\_\_\_

Missions experience & location: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_ Pastor's Phone: \_\_\_\_\_

Type and Date of Safe Sanctuaries Certification: \_\_\_\_\_

1. Why do you wish to participate? (Please use separate page if needed.)
2. Have you traveled to a developing country? \_\_\_\_\_ Which countries? \_\_\_\_\_
3. Please indicate your state of physical and emotional health (the project and trip will include rigorous activity and the hours may be long). Is there anything the team leader(s) should know regarding your health (allergies, diet, etc.)?



### UMVIM Team Member Application (continued)

4. Please circle all applicable skills below and explain in detail where appropriate:

- Building/carpentry/masonry skills: Fair   Good   Excellent   Professional  
Other: \_\_\_\_\_
- Health Care: Physician   Nurse   Dentist   First Aid training   CPR training
- Other: \_\_\_\_\_
- Teaching Health Care (be specific) \_\_\_\_\_
- Other: \_\_\_\_\_
- Working with Youth: Recreation   Storytelling   Art   Singing   Crafts   Other  
\_\_\_\_\_
- Preaching   Devotionals   Leading in prayer  
\_\_\_\_\_
- Photography (explain)  
\_\_\_\_\_
- Keeping and publishing a team trip journal (explain)  
\_\_\_\_\_
- Giving post-trip talks and slide presentations (elaborate)  
\_\_\_\_\_
- Other skills and abilities that will contribute to the team experience:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that team members must be cheerful, cooperative, flexible, and patient. I agree to cooperate with the team leader(s) concerning our life together, including daily assignments, food, lodging, and transportation and any other activities involving the team as a whole. I agree to stay with the team from the beginning to end of the trip (except as excused by the team leader), to abstain from the use of alcohol and tobacco while on the mission trip, and generally to behave in a Christian manner.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**To Be Completed by the Applicant's Pastor (Optional):**

I believe that the above applicant is a dedicated Christian, a team player, and a friendly, flexible person who will make a valuable contribution to this mission team. I am / am not personally acquainted with the applicant and recommend her/him for volunteer mission service. You may contact me for additional information if needed.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date



## MEDICAL and EMERGENCY INFORMATION FORM

*(Team Leader should keep and carry original. A copy should be kept by the UMVIM Coordinator or local church until the missionary returns.)*

Mission/Project Dates:		Mission Site/Location:	
Name			Birthdate
Address			Home Phone (    )
City	State	Zip	Cell Phone (    )
Email			
Physician's Name		Physician's Phone (    ) Physician's Afterhours Phone (    )	
Physician's City/State			
Current Medications of Concern in an Emergency:			
Allergies (e.g. Food, Medications, Bee/Wasp Stings):			
Medical Insurance Co.			Phone (    )
Group			Policy No.
Driver's License #/State of Issue/Expiration (US mission/out of state): OR - Passport #/Place of Issue/Expiration (Int'l mission):			
<i>Please attach a copy of your insurance card (all missions), Driver's License (US mission/out of state), and/or Passport (int'l mission).</i>			
I _____, authorize _____,			
<i>(UMVIM participant)</i>		<i>(another adult on journey)</i>	

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the journey identified above.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_  
(for youth under 18 parents must also sign Parental Consent Form)



## EMERGENCY CONTACT DETAILS

**Participant Name:** \_\_\_\_\_

Primary Contact Name		Relationship	
Email Address		Cell Phone	
Home Phone		Work Phone	

Alternate Contact Name			Relationship	
Home phone		Cell Phone	Work phone	

Alternate Contact Name			Relationship	
Home phone		Cell Phone	Work phone	



## MISSION COVENANT

I realize that the following commitment is crucial to the effectiveness, quality, and positive expression of our mission together. As a participating member of the United Methodist Volunteers in Mission Team, I agree to:

1. Lift up Jesus Christ with my thoughts, words, and actions.\*
2. Develop and maintain a servant attitude toward the people our team serves as well as toward each team member.
3. Pray for and support my team leader and his/her decisions.
4. Abide by the Safe Sanctuaries policy of my Annual Conference.
5. Respect the host's religious views, realizing that different people have different expressions of faith.
6. Accept the ministry that is going on in the area where I am serving as well as the local approach to the mission, though it may differ from my own approach.
7. Strive for harmony among team members, hosts, and people of the hosts' society, keeping in mind local conditions and customs. To do this I will follow the teachings of Christianity, the Golden Rule, and local societal customs and laws; avoid local taboos; use common sense and good judgment in all things; be considerate, tolerant, and patient with other customs, beliefs, and needs; and set a good Christian example.
8. Abstain from using alcohol, tobacco, vaping, illegal drugs, and profanity; wearing inappropriate clothing; and engaging in other objectionable behavior, from the time of my departure until my return home. The use of drugs, other than those medically prescribed, is not allowed even if they are legal in the state where you are serving.
9. Refrain from negativism and complaining. Travel and ministry outside my church may present unexpected and even undesired circumstances. However, my support and creativity will improve the situation.
10. Refrain from gossip. If it is not true, good, and positive, I will not say it.
11. Remember that I am a servant of Jesus Christ called to be in ministry with the host team. I will serve as best I can so that both the spiritual purpose and the task of the mission will be accomplished.

\*Volunteers who desire to serve in an emergency or chronic disaster setting are asked to show their faith and love by what they do, not by what they say. It is important to be extremely sensitive to the mission context. Proselytizing, converting others to United Methodism, preaching, and praying publicly are inappropriate.

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Signature

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Date

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Parent Signature (if under 18)

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Date



## LIABILITY and PHOTO RELEASES

(Releases must be signed by all team members and returned to the Conference UMVIM Coordinator for retention)

<b>Member Name:</b>	
<b>Mission Dates:</b>	<b>Mission Site:</b>

### Liability:

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, United Methodist Volunteers in Mission (UMVIM), the Annual Conference, and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the above named UMVIM Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease; from civil warfare or insurrection; from post-warfare hazards such as landmines; from geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature and description, which the undersigned ever had, now has or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_  
(for youth under 18 parents must also sign Parental Consent Form)

### Photo/Video/Audio:

So that United Methodist Volunteers in Mission may continue to share the love of Christ by telling the story of the ministry, I consent to the use of my image or voice in photographs, audio, and/or video recordings (including digital) taken during the course of this mission for the publicity of United Methodist Volunteers in Mission. THIS RELEASE SHALL REMAIN IN EFFECT UNTIL RESCINDED BY ME/US IN WRITING.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_  
(for youth under 18 parent must also sign Parental Consent Form)