

Medical and Liability Release Form

I _____ authorize _____
(UMVIM participant) (another adult on team)

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 mission identified below.

UMVIM Project _____ Dates _____

Home Physician _____ Phone _____

Medical Insurance Provider _____ Phone _____

Policy Number _____ Group Number _____

Allergies _____

Medications _____

Person In USA to contact in the event of an Emergency:

Name _____ Relationship _____

Address _____ Phone _____

Blood Type _____ Do you have? Diabetes: Yes No Seizures: Yes No

Physical Limitations _____

Other Medical Information _____

Liability Release

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, The UMVIM Board of the _____ Jurisdiction of the United Methodist Church, 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 of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as land mines; 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.

Participant's Signature _____

Notarization of Liability, Medical, and Information Release Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____

To me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____

Parish or County _____

State of _____

My Commission Expires _____

Mission Covenant Agreement

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. Respect the host's religious views, realizing that different people have different expressions of faith.
5. 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.
6. 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 generally set a good Christian example.
7. Abstain from using alcohol, tobacco, illegal drugs, and profanity; wearing inappropriate clothing; and engaging in other objectionable behavior, from the time of my departure until my return home.
8. 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.
9. Refrain from gossip. If it is not true, good, and positive, I will not say it.
10. 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.

Signature

Date

Emergency Contact Information

Return to Team Leader

Missioner's name on passport _____

Passport number _____

Passport Issue _____

Passport Expiration _____

Mailing address _____

Date of birth _____

Home phone _____

Work phone _____

Cell phone _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name _____

Relationship to missionary _____

Address _____

Work phone _____

City / State / Zip _____

Cell phone _____

Home phone _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name _____

Relationship to missionary _____

Address _____

Work phone _____

City / State / Zip _____

Cell phone _____

Home phone _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES:

A copy of this form will be left with the local church in the event of an emergency.

Notification of Death

Name _____ Passport No. _____

In the event of my death, should my death occur outside the United States, a family member, or a bishop of The United Methodist Church, or a representative of the US State Department/US Embassy is to be instructed by the following:

1. Immediately contact the following:

A. A consular duty officer at the US Embassy in the country where the death occurred.

Phone _____ Fax _____ E-Mail _____

B. United Methodist Bishop's office

Phone _____ Fax _____ E-Mail _____

C. My family or other _____

Phone _____ Fax _____ E-Mail _____

2. My wishes are as follows:

My body is to be cremated, if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to: _____

If cremation is not possible, then my body is to be shipped home, in keeping with the requirements of the host nation, to (funeral home): _____

I do not wish to have my body cremated. My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home): _____

All my valuables, money, and personal possessions are to be kept in the control of the representative of the United States Embassy and shipped to: _____

In the event of death, all of the above instructions are to be followed in consultation with the above-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the above-named family member.

Signature _____ Date _____
(If under 18, must be signed by parent or guardian)

Notarization of Notification of Death Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____

To me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____

Parish or County _____

State of _____

My Commission Expires _____