

VOLUNTEER APPLICATION FORM

Please read all forms carefully and fill out all the information requested.

NAME AND LOCATION OF MISSION PROJECT _____

DATE _____

COST \$ _____ PER PERSON

Name _____

Age _____ Sex _____ Occupation _____

Phone (h) _____ (w) _____

E-mail _____

Mailing address _____

Passport number _____

Date of Issue: ___ / ___ / ___ Place of issue _____

Local church _____

Pastor _____

Church address _____

Phone _____

E-mail _____

1. Why do you wish to participate in this mission? (Please use separate page.) Tell about yourself, including local church involvement, hobbies, and any other information that might be useful during this mission.

2. The mission will include some fairly rigorous activity and the hours may be long. Please indicate the general state of your health. Is there anything team leaders should be aware of health-wise (allergies, diet, specific medicines that should not be administered, etc.)?

3. Team members may be asked during church services to give a brief 2-3 minute testimony about their commitment to follow Christ and his impact on their lives. Do you feel certain that with God's help you will be able to make such a public testimony?

4. Please check all applicable skills and explain in detail, where appropriate. We need a clear picture of your skills/abilities to make the mission team as effective as possible. Team assignments will be made based on this information.

Language(s) spoken other than English:

(This is *not* necessary, but helpful for team leaders to know.)

Work with children and youth, including recreational skills, storytelling, art, singing, crafts.

Which is best for you?

Building/carpentry skills. (Some of the team members must have construction knowledge.)

Please indicate your expertise: Fair Good Excellent Professional

Medical services Physician Nurse First aid training CPR training.

Singing in worship services. Solos Duets/trios/small groups With total group only.

Playing a musical instrument (specify) _____

- ___ Preaching or giving a prepared talk/devotional
- ___ Photography.

(Explain) _____

___ Giving talks and slide show presentations after return to publicized God's work.

___ Other skills/abilities that will contribute to the team experience.

TO BE COMPLETED BY APPLICANT:

I understand that team members must be flexible, cooperative, and cheerful. I agree to cooperate at all times with the team leader concerning our life together, including daily assignments, food, lodging, and transportation. I agree to stay with the team from beginning to end, to abstain from the use of alcohol and tobacco while on the mission, and to share my faith in an appropriate Christian manner.

Applicant's signature

Date

TO BE COMPLETED BY APPLICANT'S PASTOR:

I believe that the above applicant is a dedicated Christian, is friendly, flexible, and able to make a valuable contribution to the mission team. I am personally acquainted with him/her and recommend her/him for volunteer service. You may contact me for additional information if needed.

Pastor's Signature

Date

Send completed application to team leader at:

For further information, contact team leader at:

LIABILITY RELEASE

UNITED METHODIST VOLUNTEERS IN MISSION

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of The United Methodist Church, the Volunteers In Mission Board of the Jurisdiction of The United Methodist Church, the Conference United Methodist Church Volunteers In Mission, the Annual Conference of The United Methodist Church, 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 following project:

(Write in name and location of 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 insurrection or warfare of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; 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 or her heirs, representatives, and assignees.

Date: _____

Participant's signature

Notarization of Liability 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 described in and who executed the within instrument, and who acknowledged the same to be the free act and deed therefore.

Notary Public _____ County/Parish _____
State of _____ My Commission expires _____

EMERGENCY CONTACT INFORMATION

Return to Team Leader

Missioner's name _____
Passport number _____
Mailing address: _____
Date of Birth _____ Home number _____

IN CASE EMERGENCY, CONTACT THE FOLLOWING

Name _____ Relationship _____
Address _____
Home number: (_____) _____ Work number (_____) _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING

Name _____ Relationship _____
Address _____
Home number: (_____) _____ Work number (_____) _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES:

MEDICAL RELEASE FORM

Host Country _____

Location (city/village) _____

Project Name _____

Departure Date: _____ Return Date: _____

I, _____ authorize _____
(Participant) (another adult on trip)

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or 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 or country in which they practice, during the mission trip identified above.

For youth under 18: My child suffers from _____ (name of health problem) and I consent to any medical treatment reasonably required to diagnose and to treat such illness or medical treatment for any illness or injury incurred during the course of the mission.

NOTE: All applicants must provide the following information.

Participant's physician _____ Phone (____) _____
Medial insurance Provider _____ Phone (____) _____
Policy Number _____

Allergies and Medications and Particular Health Problems:

Participant's signature _____ Date _____
Signature of parent _____ Date _____
(for youth under 18)

NOTARIZATION OF MEDICAL RELEASE FORM

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____ to mw know to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____ County/Parish _____
State of _____ My Commission Expires _____

Medical Information I

Name: _____

Address _____

Date of last physical examination _____

Work Phone _____

Home Phone _____

FAX _____

Email _____

1. List any physical disabilities or health problems you have, and indicate whether you have special needs regarding sleeping accommodations, meals, etc.

2. List all medications you take on a regular basis, with exact dosages.

3. List any allergies.

4. Ask your physician to read and sign the accompanying sheet.

Medical Information II

TO MY PHYSICIAN:

I plan to participate in a United Methodist Volunteers in Mission project in _____.
Location of project

I will be doing manual labor outdoors in a climate that is:

___ Hot and humid ___ cold and damp ___ other: _____

Health Care facilities may be inadequate or nonexistent.

The United Methodist Fellowship of Health Care Volunteers suggests the following immunization and prophylactic medications:

1. A diphtheria/tetanus toxoid booster if not received in the past 10 years
2. The hepatitis A vaccine series may need to be administered prior to departure.
3. Hepatitis B vaccine is recommended for medical-dental missionaries who may be exposed to blood.
4. Malaria prophylaxis is indicated in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by contacting the Center for Disease Control (CDC) at 404-332-4554 or <http://cdc.gov/travel/index.htm>

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

FOR USE BY PHYSICIAN:

After reviewing the above information and knowing _____ (participant's name) it is my opinion that no untoward risks would be incurred by the person's in a project as described above.

Signed _____ M.D. Date: _____

Physical examination performed: Yes ___ No ___

Print Name _____

Address: _____

Phone: _____

FAX: _____

Email _____