

## University United Methodist Church Mission Trip Application

Destination:

Trip Dates:

<b>Name</b> (as it appears on passport)		
<b>Address, City, State, Zip</b>		
<b>Home #</b>	<b>Cell #</b>	<b>E-mail</b>
<b>Passport # &amp; Expiration Date</b> (attach a <u>clear</u> copy) <b>or Birth Certificate</b>		
<b>Place of Employment</b>		
<b>Business Address</b>		
<b>Work #</b>	<b>Fax #</b>	<b>Work Email</b>
<b>Date of Birth</b>	<b>Place of Birth</b>	
<b>If married, spouse's name/daytime # &amp; contact info.</b>		

**\*\* Please update the Emergency Contact Information form if needed.**

**The following *MUST* be completed per person and returned with this application:**

- Application
- Emergency Contact Info.
- \$200 trip deposit
- Liability Release (*notarized*)
- UUMC/VIM Ins. Application (or Waiver if after deadline)
- Notification of Death (*notarized*)
- UUMC Code of Conduct
- Copy of Passport or birth certificate
- Copy of photo ID (drivers license, school ID, Military)
- Copy of Medical Insurance Card

<b>Office Use only</b>	
Date Received	_____
Deposit Received	YES NO
All Forms Attached?	_____
Balance Due	_____
Date Paid in Full	_____

## Emergency Contact Information

(Good for up to One Year)

<b>Who to Contact in case of Emergency: Name, Relationship, Phone #</b>
1. _____
2. _____

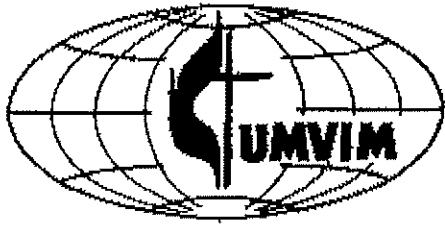
## Medical Permission For Church

<small>Team Members</small>	<small>Date of Birth</small>	<small>Age:</small> _____	<small>Height:</small> _____	<small>Weight:</small> _____
<b>Recent Illness:</b> _____				
<b>Physical Limitations:</b> _____				
<b>Allergies:</b> _____		<b>Drug Allergies:</b> _____		
<b>Reaction:</b> _____				
<b>Medical Restrictions (explain):</b>			<b>Special Diet?</b>	
<b>Current Medications (list):</b>				
<b>Health Insurance</b> (attach copy of ins. Card)			<b>Policy/Group #</b>	
<b>Physician &amp; Ph #:</b>			<b>Date of last Tetanus Shot</b>	
<b>Previous Mission Trips</b> (give name of sponsoring group, location, type of work and date)				

**I authorize the Physician to provide any necessary medical treatment for myself and/or child.**

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A copy must accompany Team Leader*



United Methodist Volunteers in Mission  
**Christian Love in Action**

*University United Methodist Church*  
*Missions Team Code of Conduct*

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 Volunteers In Mission (VIM) 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 view of religious faith, 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. Abstain from use of alcohol, tobacco, illegal drugs, inappropriate clothing, and profanity from the time of my departure until I return home.
7. Refrain from negativism and complaining. Travel and ministry outside my church may present unexpected and even undesired circumstances. However, my support and creativity will enhance the moment.
8. Refrain from gossip. If it is not true, good, and positive, I will not say it.
9. 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 tasks of the mission will be accomplished.

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**Signature of Team Member**

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**Date**

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**Signature of Mission Staff or Team Leader**

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**Date**

*University United Methodist Church  
Liability Release*

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, University 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.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\*\*\*\*\*

*Notarization of Liability Release Form*

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_  
(Month & Year) (Print Name)

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 thereof.

Notary Public \_\_\_\_\_ County/Parish \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

## 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 described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_  
State of \_\_\_\_\_

Parish or County \_\_\_\_\_  
My Commission Expires \_\_\_\_\_