

VIM Mission Team Form Instructions

Essential team member information collection can be a daunting task, but we strive to make this easier for you. Below please find documents that will simplify this process. If you have questions regarding this information you can contact your local Volunteers in Mission or Disaster Response Coordinator. Their contact information can be found online at <http://www.scjumc.org/contacts/>. Team leaders please check all forms for signatures, notarizations and witnesses. Collect (and send where applicable) forms and fees at least *20 days* prior to departure. Please note fillable forms can be found online at <http://www.scjumc.org/missions/training-forms/>.

Please share the following information with your local Coordinator *20 days in advance*:

1. Team Registration—Team Leader name and contact information, home church, departure and return dates, location of mission/name of project/project type with brief description, and total cost per person of the mission experience.
2. Photocopy of the Medical & Liability Release—signed and notarized
3. Photocopy of Parental Consent for minors—signed and notarized by both parents.
4. Roster of your team member's names, home church(es), addresses, phone and email addresses.

Leaders please take with you in mission the following forms:

1. Mission Covenant form—signed
2. Copy of insurance confirmation and insurance contact card (if applicable)
3. Medical & Liability Release—original of signed and notarized forms
4. Emergency Contact Information
5. Parental Consent for minors—Both parents must sign and notarize, if youth is leaving the country. The youth should have a copy as well.

In case of loss, leave photocopies of all forms with someone at your church. Within 2 weeks of return, please share the Team Leader and Team Member Report Forms with your local coordinator.

Thank you for your leadership and service!

Medical and Liability Release Form

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

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 trip 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 Limitation _____

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 South Central Jurisdiction of the United Methodist Church, the Rio Texas 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 geographic features, 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 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 _____

Parental Consent

The consent must have signatures of both parents (even if divorced or separated) when the youth is traveling outside the US. If one parent accompanies the youth, the other parent must sign this form. If one parent is deceased, attach a death certificate.

We, _____, the parents/guardians of _____
(Parents or guardians) (Child's name)
give our child, a minor residing at _____ (address), permission to accompany a
United Methodist Volunteers In Mission team to _____ (location) and participate as a
member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative,
risk, and responsibility. We have been advised and understand that the group may be exposed to unusual risks.
Those risks may involve, among other things, the following:

Dangers resulting from disease; from geographic features, 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.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

I specifically authorize a physician or other appropriate medical professional to treat my child's _____
(Name of ailment)
by performing _____ and by prescribing _____
(Name of procedure) (Name of prescription)
and providing such prescription to my child for treatment.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and forever discharge the team leaders(s) _____, the _____ Conference of The United Methodist Church, United Methodist Volunteers In Mission, its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) _____ to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action by ourselves and our child against the parties herein before named.

Parent/guardian

Parent/guardian

Address

Address

Notarization of Parental Consent 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 identification _____

ID# _____

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:

Team Leader Evaluation

Thank you for your service as a team leader and for filling out this form. Please attach a financial statement.

1. This team was sponsored by:

____ Conference/Jurisdiction: _____

____ Church (Name): _____

____ Other: (Name) _____

2. VIM team served in: Country: _____ City and Project Name: _____

3. Name of Project Contact Person (Host): _____

4. Date Depart: _____ Return: _____

5. Team Leader (Name) _____ Team Leader Contact: (email or phone) _____

Team Leader's home church: _____
(City, State, Conference)

6. TEAM TYPE (you may choose more than one of applicable):

Construction Education Medical Scouting Other _____

7. Total number of VIM team members: _____

8. Number of days of the mission _____ (Day of departure to Day of Return, include travel).

9. Number of days during the mission the team worked: _____ for the mission

10. Volunteer "Work Days": Mission volunteers defines this as number of team members (answer # 7) times number of days of the mission (answer # 8), _____ (includes travel days).

11. Total money donated to the project (for construction, education, VBS or medical supplies, etc): _____

12. Value of In-kind donations (tools, school supplies, Bible School materials, medical supplies, etc). _____

13. Team expenses per person (travel, food and lodging) \$ _____.

14. What was the task for the team?

15. How much of the project was completed at the end of your mission:

16. Estimate the number of future teams needed to complete the project:

17. Please share with us any comments about the mission, the team or the project that would be helpful. You may use the back side of this sheet.

18. What team members would you recommend for us to contact about receiving team leader training and leading an UMVIM team in the future (Use the back page as needed)?

Name _____

Phone or Email _____

Team Member Evaluation

HELPFUL RESPONSES FOR THE NEXT MISSION TEAM

(Please return this evaluation to the team leader or, if you prefer, to your Jurisdictional or Conference UMVIM Coordinator.)

1. List at least two of the experiences you appreciated most about the mission.

2. Share at least two significant impressions you had while on the mission team.

3. Rate according to your experience, the following (1 = not good, 5 = very good).

Effectiveness of team orientation	1	2	3	4	5
Relationship with the local people	1	2	3	4	5
Worship with the people	1	2	3	4	5
Team worship and sharing	1	2	3	4	5
Schedule	1	2	3	4	5
Personal growth in your faith	1	2	3	4	5
Team leader	1	2	3	4	5

4. List any suggestions that might be helpful to future teams participating in such a mission.

5. Describe some of your present feelings:

Location of mission experience: _____ Dates

of mission: _____

Signature (optional): _____