

# Mission Team Form Instructions

Necessary team member information collection can be a daunting task in your mission experience, but we strive to make this easier for your teams. 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](#). Team leaders please check all forms for signatures, notarizations and witness needed. Collect (and send where applicable) necessary forms and fees at least 45 days prior to departure.

❖ Please share the following information with your local Coordinator 45 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.

❖ Insurance: When we participate in a mission experience we hope and pray that everyone stays well and no injuries occur. However, sometimes things happen and it's important to be prepared for all eventualities. Here are some options for obtaining medical and accident insurance coverage for your mission teams. These are available to all Conferences of the United Methodist Church. Individual policy descriptions can be found on the websites listed below or obtained by contacting the office listed.

## *South Central Jurisdiction, Oklahoma Conference*

Contact: Lori Foster  
Phone: 405-530-2070  
Email: [lfoster@okumc.org](mailto:lfoster@okumc.org)  
Website: <http://www.okumcministries.org/vim/Team.html>

## *Southeastern Jurisdiction*

Contact: Gray Miller  
Phone: 205-453-9480  
Email: [sejinfo@umvim.org](mailto:sejinfo@umvim.org)  
Website: [http://umvim.org/send\\_a\\_team/insurance\\_faq.html](http://umvim.org/send_a_team/insurance_faq.html)

## *North Central Jurisdiction*

Contact: Tammy Kuntz  
Phone: 614-325-8741  
Email: [umvimncj.coor@gmail.com](mailto:umvimncj.coor@gmail.com)  
Website: <http://umvimncj.org/insurance>

## *Western Jurisdiction*

Contact: Ronda Cordill  
Phone: 509-993-6753  
Email: [umvimwj@gmail.com](mailto:umvimwj@gmail.com)  
Website: <http://umvimwj.com/team-insurance/>

## *Northeastern Jurisdiction*

Contact: Tom Lank  
Email: [nejvim@gmail.com](mailto:nejvim@gmail.com)  
Website: <http://umvimnej.org/mission-insurance>  
Phone: 919-428-0461

❖ 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. Notification of Death Form--signed and notarized—International Teams only
6. Parental Consent for minors—Both parents must sign and notarize. Be prepared to show it at border crossings. The youth should have a copy as well.

Note to International Teams: "In an effort to prevent international child abduction many governments have initiated additional screening procedures at entry/exit points. These often include requiring documentary evidence of relationship and notarized written consent for the child's travel from the absent parent(s) or legal guardian. Having such documentation on hand may facilitate entry/departure."

❖ 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 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 \_\_\_\_\_

# 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 civil insurrection or warfare 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 altitudes, 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, 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, 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 mission, as well as all ground and flight travel incident to such mission. It is our intention by this document to consent to our child's participation in the mission, to consent to allow the team leader(s) \_\_\_\_\_ to act in loco parentis for the duration of the mission, 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.

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Signature

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Date

## *Emergency Contact Information*

Return to Team Leader

Missioner's name on passport \_\_\_\_\_ Passport number \_\_\_\_\_

Mailing address \_\_\_\_\_ Date of birth \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES:

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A copy of this form can 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)*

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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 \_\_\_\_\_

## 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: \_\_\_\_\_ Date 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" (defined as number of team members (answer # 7) times worked days during the mission (answer # 9)), \_\_\_\_\_ (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, Medicine, 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

18. What team members would you recommend for us to contact about receiving team leader training and leading an UMVIM team in the future?

Name(s) \_\_\_\_\_ 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.

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

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

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|------------------------------------|-----|
| Effectiveness of team orientation  | ___ |
| Relationship with the local people | ___ |
| Worship with the people            | ___ |
| Team worship and sharing           | ___ |
| Schedule                           | ___ |
| Personal growth in your faith      | ___ |
| Team leader                        | ___ |

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

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5. Describe some of your present feelings:

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Location of mission experience: \_\_\_\_\_

Dates of mission: \_\_\_\_\_

Signature (optional): \_\_\_\_\_