



West Ohio Conference *Volunteers in Mission:* **Mission Policy 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; avoiding 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 a 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.

**When completed, please
return to Team Leader**

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

Missioner's Signature _____ Date _____

** 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 could be inappropriate.*



West Ohio Conference *Volunteers in Mission: Emergency Contact*



Missioner's Name (On Passport): _____

Date of Birth: ____ / ____ / ____ Passport number _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Primary Phone Number: _____ Home Cell Work

Emergency Contacts

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Primary Phone Number: _____ Home Cell Work

If unable to contact the above, contact the following:

Secondary Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Home Cell Work

Secondary Phone Number: _____ Home Cell Work

Other information you wish to add if an emergency arises:

When completed, please return to Team Leader

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West Ohio Conference Volunteers in Mission: **Medical Information**

Missioner's Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Home Cell Work

Mission Project

UMVIM Location & Task: _____ Dates _____

Have you been on previous projects/mission journeys: Yes No Home Church _____

Personal Medical Information

Personal Medical History:

Diabetes Seizures Hypertension Cardiac disease Back pain Arthritis

Mental Illness Other _____ Blood type: _____

Physical Limitations: _____

Allergies: _____

Medications: _____

Immunizations: Last Tetanus/Diphtheria (recommended every 10 years) ____/____/____

(CDC can provide up-to-date country specific information on immunizations for travelers at www.cdc.gov/travel)

Medical Insurance Provider _____ Phone: _____

Policy # _____ Group # _____

Physician: _____ **Phone:** _____

Medical Consent

I (UMVIM Participant) _____

authorize (other adult participant) _____, if I am unable to do so, to consent to receiving first aid or necessary medical treatment and/or hospital care rendered under the supervision and advice of any physician licensed to practice medicine by the state in which he/she practices during the duration of the identified mission journey.

Emergency Contacts*

Emergency Contact: _____ Relationship: _____

Address: _____

Phone(s): _____

Secondary Contact: _____ Relationship: _____

Address: _____

Phone(s): _____

**Emergency Contacts should be the same as those found on the "VIM Emergency Contact Form"*



When completed, please return to Team Leader

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



West Ohio Conference

Volunteers in Mission: Medical Information

to be completed by Missioner's physician

I, (Missioner's Name) _____, plan to participate in a United Methodist
 Volunteers In Mission journey from _____ to _____ in _____
Dates of Mission Journey *Location of Mission Journey*

I may be doing manual labor 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 immunizations and prophylactic medications:

RECOMMENDED IMMUNIZATIONS (ROUTINE)

Vaccine	Schedule
Diphtheria/Tetanus/Pertussis (TDAP)	Every 10 Years
COVID-19	Vaccine + Available Booster(s)
Polio	Single Booster, OPV
MMR	1 Month Before Travel if Non-Immune

For travel outside of the United States of America, please consult the CDC website: www.cdc.gov/travel for country specific information on immunizations and prophylactic medications.

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:

Signed _____ M.D. Date _____

Physical exam performed: _____ Yes _____ No

Print Name _____ Phone: _____

Address _____

City / State / Zip _____



When completed, please return to Team Leader

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



West Ohio Conference *Volunteers in Mission: Liability Release*

Regarding Mission Journey to _____

Led by Team Leader(s) _____

from _____ to _____



**When completed, please
return to Team Leader**

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

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of The United Methodist Church, the West Ohio Conference of The United Methodist Church its employees and servant leaders, 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 Mission Journey. The undersigned has been advised and understands that the project may involve unusual risks to participants. These risks may include: dangers resulting from disease; from civil warfare or insurrection; from post-warfare hazards such as landmines; from geographic features such as high altitude; 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. The participant voluntarily assumes such risks. 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.

Signature of Participant

Date _____

Signature of Parent/Legal Guardian

Date _____

Signature of Parent/Legal Guardian

Date _____

Notarization of Liability Release Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ 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 _____



West Ohio Conference *Volunteers in Mission: Media Release*



**When completed, please
return to Team Leader**

*A copy of this form should
be sent to the West Ohio
Conference office.*

We respect and want to protect the privacy of those who serve on West Ohio mission teams. At some point during your participation with a West Ohio Volunteers in Mission team, your team leaders or other team members might ask to photograph, videotape, film and/or interview you. To this end, the purpose of this document is to ask your permission in advance to capture your voice and image and possibly publish them in a United Methodist medium. Accordingly, if you are willing to give us such permission, please read carefully and then execute this Consent to Use Voice and Image. If you are a participant age 18 or older, please sign the line over the designation "Signature of Adult Participant." If you are a participant under age 18, one of your parents or your legal guardian must give us permission on your behalf by signing the line over the designation "Signature of Parent or Guardian."

By signing below, I acknowledge and agree to the following:

1. I give my permission to the West Ohio Conference of The United Methodist Church, including its owners, trustees, officers, employees, agents and volunteers, to photograph, videotape, film and/or interview me during my participation with a West Ohio Volunteers in Mission team.
2. I, at any time, may decline to be photographed, videotaped, filmed and/or interviewed.
3. I give my permission to the West Ohio Conference of The United Methodist Church, including its owners, trustees, officers, employees, agents and volunteers, to publish any such photographs, video, film and/or interviews for the purpose of promoting or reporting on Volunteers in Mission experiences. Further, I understand that publication may include, without limitation, use of any such photographs, video, film and/or interviews on United Methodist websites, social media sites, brochures and/or videos.

Yes, I give permission for myself or my child/youth to be photographed.

No, I do not give permission for myself or my child/youth to be photographed.

Printed Name of Participant

Signature of Adult Participant

Date

Printed Name of Parent or Guardian

*Signature of Parent or Guardian
(If participant is under age 18)*

Date



West Ohio Conference

Volunteers in Mission:

Trip Cancellation Insurance Declination

As a member of the UMVIM mission journey to _____

from ____ / ____ / ____ to ____ / ____ / ____, I certify that:



- I have been made aware that there are significant risks associated with any mission journey.
- I fully understand that there are cancellation penalties involved with my mission journey. These may include a penalty of up to 100%, which means no refund at all.
- Penalties apply no matter what the reason for cancellation. These may include, but are not limited to:

- Accident or illness to me, a family member or traveling companion, requiring me to stay home.
- Airline bankruptcy / default.
- Weather-related delays.
- Simply changing my mind.

- It has been recommended that I purchase separate travel insurance for this trip to protect against the cancellation fees noted above.
- I have selected the following choice (*please initial one of the following as appropriate and complete the rest of the form as indicated*):

_____ I have purchased separate travel insurance (or will purchase same prior to departure) as appropriate to my needs.

_____ I have decided NOT to purchase separate travel insurance and accept full responsibility for any cancellation fees that may occur as a result of my non-participation on this trip.

Signature of participant or parent/legal guardian

Date: ____ / ____ / ____

Printed Name _____

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West Ohio Conference

Volunteers in Mission: Notification of Death

Missioner's Name: _____ Passport number _____

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:

Immediately contact the following:

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

Phone: _____ Fax: _____

Email: _____

- B. United Methodist Bishop's Office (Location of Mission Journey)

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

- C. My family or other

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

My wishes are as follows (check all that apply):

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 previous instructions are to be followed in consultation with the previously-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 previously-named family member.

Signature of participant or parent/legal guardian

Date: ____ / ____ / ____



When completed, please return to Team Leader

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



West Ohio Conference

Volunteers in Mission: Notification of Death

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, _____ Parish or County _____

State of _____ My Commission Expires _____



When completed, please return to Team Leader

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



West Ohio Conference Volunteers in Mission: Power of Attorney

to be used with minors/persons requiring a legal guardian



When completed, please return to Team Leader

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

Know all persons by these present that we (I) (Name of Parent/Legal Guardian), _____
 of (Address) _____
 and (Name of Parent/Legal Guardian), _____ of (Address) _____
 appoint (VIM Team Leader(s) or parent/legal guardian participating on mission team) _____
 our attorney for us and in our name and on our behalf to consent to the administration of necessary
 medical treatment and/or hospital care upon (Child/Person Requiring a Legal Guardian)
 _____ during the period of (Mission Dates) _____
 and to execute all instruments to carry out and perform the aforesaid powers, and to do any other
 acts requisite to carrying out such powers. I/we, the parent(s)/legal guardian agree to be financially
 responsible for the services provided. I/we authorize the release of medical information to or from
 my/our/their insurance company and my/our/their personal physician. If we (I) (Name of Parent(s)/Legal
 Guardian(s) participating on mission team) _____ cannot act as the Power
 of Attorney for (Child/Person Requiring a Legal Guardian) _____, I hereto
 appoint (VIM Team Leader) _____ our attorney for the aforementioned
 responsibilities, privileges, and tasks of care of our child/person requiring a legal guardian.

IN WITNESS WHEREOF, I have hereunto executed this Power of Attorney on this

_____ day of _____, _____.
Month Year

Signature of Parent/Legal Guardian

Signature of Witness

Signature of Parent/Legal Guardian

Signature of Witness

Notarization of Power of Attorney 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 _____



West Ohio Conference Volunteers in Mission: Parental/Legal Guardian Consent

to be used with minors/persons requiring a legal guardian



The consent must have signatures of both parents (even if divorced or separated) or a legal guardian when the child/person requiring a legal guardian participates in a VIM Mission Journey. If one parent accompanies the child, the other parent still must sign this form. If one parent is deceased, please attach a death certificate.

We (Parent(s)/Legal Guardian) _____

the parents/legal guardians of (Child/Person Requiring a Legal Guardian) _____

give permission to fully participate in the UMVIM Journey to _____

from _____ to _____ *Location of Mission Journey*

Dates

**When completed, please
return to Team Leader**

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

We acknowledge we are allowing full participation of the above mentioned child/person requiring a legal guardian entirely upon our own initiative, risk, and responsibility. We have been advised and understand that the mission team may be exposed to unusual risks. We further expressly authorize and consent to any medical treatment or hospital care under the supervision and advice of any physician licensed to practice medicine by the state in which he/she practices during the duration of the identified mission journey.

Now, therefore, in consideration of the permission extended to the above mentioned child/person requiring a legal guardian to fully participate in this UMVIM Mission Journey, we do hereby for ourselves, said child/person requiring a legal guardian, heirs, executors, and administrators, remise, release, and forever discharge the UMVIM team leader(s) _____, the West Ohio 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 Journey, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of or any injury or illness to the above mentioned child/person requiring a legal guardian, or loss or damage to property which may occur from any cause during the mission journey, as well as all ground and flight travel incident during the mission journey.

It is our intention by this document to consent to the above mentioned child/person requiring a legal guardian's full participation in said UMVIM Mission Journey, to consent to allow the team leader(s) _____ to act in loco parentis for the duration of the Mission Journey, and to waive and forego all right of action by ourselves and the above mentioned child/person requiring a legal guardian against the parties herein before named.

Signature of Parent/Legal Guardian
Guardian

Signature of Parent/Legal
Guardian

Address

Address

Notarization of Power of Attorney 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 _____