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United Methodist Volunteers in Mission
 Oregon-Idaho Conference



**UMVIM Team Roster, Background Check Request,
 Insurance Reimbursement**

Date:	Form Type:	<input type="checkbox"/> Insurance Reimbursement	<input type="checkbox"/> Roster
		<input type="checkbox"/> Amendment/Addition	<input type="checkbox"/> Background Check

Team Leader Name

Address	Contact Phone
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City	State	Zip	Email
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Mission Dates	Mission Location/Project
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Sponsoring Churches

For Insurance Administrative Cost Reimbursement, please attach proof of coverage and payment, complete this section and provide your list of team members below.

Insurance Provider:	<input type="checkbox"/> Western Jurisdiction	<input type="checkbox"/> SEJ	<input type="checkbox"/> NEJ	How Many Members:
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Amount Requested:

To request background checks for team members, please list full names and email addresses below and check the 'Bkg Chk' box for those needing them. Tell your team members to watch for an email from TRAK-1 within a few days. Call your UMVIM Coordinator for instructions if a member does not have email.

No.	Member Full Name	Member Email Address	Ins ure	Bkg Chk
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>
11			<input type="checkbox"/>	<input type="checkbox"/>
12			<input type="checkbox"/>	<input type="checkbox"/>
13			<input type="checkbox"/>	<input type="checkbox"/>
14			<input type="checkbox"/>	<input type="checkbox"/>
15			<input type="checkbox"/>	<input type="checkbox"/>