



United Methodist Volunteers in Mission
Oregon-Idaho Conference

Phone: 541.620.0989 [c]
or 541.701.0511 [h]
umvim@umoi.org
www.umoi.org/UMVIM

MEDICAL and EMERGENCY INFORMATION FORM

(Team Leader to keep and carry original.)

Mission/Project Dates:		Mission Site/Location:	
Name		Birthdate	
Address		Home Phone	
City	State	Zip	Cell Phone
Email			
Physician's Name		Physician's Phone	
		Physician's Afterhours Phone	
Physicians City/State			
Current Medications of Concern in an Emergency:			
Allergies (e.g. Food, Medications, Bee/Wasp Stings):			
<i>If you require an EpiPen, please make sure you bring with your medications.</i>			
Physical Limitations of issues:			
Immunizations. Please list the date of your most recent vaccination/booster. COVID-19, both doses: _____ Boosters: _____ <i>Please attach a copy of your COVID vaccination card to this form.</i>			
Tetanus:			
I am diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical Insurance Co.		Phone	
Group		Policy No.	
Driver's License #/State of Issue/Expiration (US mission/out of state):			
OR - Passport #/Place of Issue/Expiration (Int'l mission):			
<i>Please attach a copy of your insurance card and COVID vaccination card (all missions), Driver's License (US mission/out of state), and/or Passport (int'l mission).</i>			

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 above.

Signature of Participant: _____ Date _____

Signature of Parent: _____ Date _____
(for youth under 18; parent must also sign Parental Consent Form)

Notarization of Medical Authorization executed in the presence of:

STATE OF _____ 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 _____

My commission expires: _____

State: _____ County: _____

EMERGENCY CONTACT DETAILS

Primary Contact Name		Relationship	
Email Address (Street Address if no email)			
Home phone		Cell Phone	
		Work phone	
Primary Contact Name		Relationship	
Email Address (Street Address if no email)			
Home phone		Cell Phone	
		Work phone	
Primary Contact Name		Relationship	
Email Address (Street Address if no email)			
Home phone		Cell Phone	
		Work phone	



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LIABILITY and PHOTO RELEASES

(Releases must be signed by all team members and returned to the Conference UMVIM Coordinator for retention)

Member Name:
Mission Dates: Mission Site:

Liability:

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, The UMVIM Board of the Western Jurisdiction of the United Methodist Church, the Oregon-Idaho 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 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/her heirs, representatives and assignees.

Signature of Participant: _____ Date _____

Signature of Parent: _____ Date _____
(for youth under 18; parent must also sign Parental Consent Form)

Photo/Video/Audio:

The undersigned permits the use of photographs and other similar materials including video and audio recordings taken at this event with identified and/or identifiable images or other recordings of the undersigned to be used for publicity regarding this and similar events and activities. Publicity may include but is not limited to print (newsletters, etc.), digital forms (web, including social media such as Twitter or Facebook), and video. The undersigned agrees that use of these materials is without cost or obligation to any party involved at any time and that no liability is to be incurred to any party either in the recording of or playback/distribution of the material.

Signature of Participant: _____ Date _____

Signature of Parent: _____ Date _____
(for youth under 18; parent must also sign Parental Consent Form)



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MISSION COVENANT

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 objectionable and/or offensive behavior while on an UMVIM mission. **Certain clothing and the use of alcohol and tobacco are unacceptable in many mission locations.**
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

SAFE SANCTUARIES POLICY (to be completed ONLY after an appropriate team briefing)

I have been briefed on or reviewed and agree to comply with my Annual Conference's Safe Sanctuary for UMVIM teams.

Signature

Date



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PARENTAL CONSENT

This form must be completed for all youth team members, EXCEPT when the mission is completed entirely in the youth's home state and a parent is also a team member or, for out of state/out of country missions, BOTH parents are travelling with the team. For unaccompanied youth, within the youth's home state, one parent may sign and notarization is not required. For unaccompanied youth travelling outside their home state and/or country, this form be signed and NOTARIZED by BOTH parents (even if divorced or separated); if one parent is deceased, attach a death certificate. For youth accompanied by one parent and traveling outside the youth's home state/country, the other parent must sign and NOTARIZE this form.

We, _____, the parents/guardians of _____

Parent or guardian names

Youth name

give our child, a minor residing at _____, permission to accompany a United

Address

Methodist Volunteers In Mission team to _____ and participate as a

Location

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 landmines; 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.

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 Oregon-Idaho 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 executed in the presence of:

STATE OF _____ 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 _____

My commission expires: _____

State: _____ County: _____