



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

Team Registration/Roster • Background Check • Insurance Reimbursement

Date: _____ Form Type: Team Registration Background Check Insurance Reimbursement Roster Amendment

Team Leader Name _____ Address _____

Phone: (home) _____ (cell) _____ City _____ State _____

Email: _____ Zip code _____

Mission Dates: _____ Mission Location/Project: _____

Sponsoring Church/es: _____

Team Registration: please list full names of team members and email addresses below.

Background Checks: add birth dates and check the "Bkg. Ck." box for those needing them. Tell your team members to watch for an email from TRAK-1 within a few days.

Insurance Reimbursement: along with the list of team members below, please complete this section, attach proof of coverage and proof of payment.

Insurance Provider: Western Jurisdiction SEJ NEJ Amount Requested: _____

Reimbursement payment made to: _____

Address _____ City _____ State _____ Zip code _____

No.	Member Full Name	Birthdate	Email Address	Bkg. Ck.
1				
2				
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No.	Member Full Name	Birthdate	Email Address	Bkg. Ck.
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