



Great Plains Volunteers In Mission (VIM) Mercy & Justice Office

9440 E Boston Suite 160, Wichita, KS 67207, (316) 684-0266, Fax: 316-684-0044-Web: <http://www.greatplainsumc.org/>

Forms instructions

Team leaders: Verify that ALL forms are signed, notarized and witnessed (where need be). Send all forms at least 60 days prior to the team's departure.

- I. Send to Mercy & Justice Conference Office the following forms:
 - Team Registration: Register your team in the Conference Calendar.
 - Signed and notarized Death Notification (copy).
 - Signed and notarized Medical & Liability Release (copy).
 - Parental Consent for minors-Both parents MUST sign and notarize (copy).
 - Roster of your team members' names, home church, addresses, phone and email addresses.

- II. Insurance Options:

Insurance can be purchased through the Great Plains Conference or from the three jurisdictional offices listed below:

 - Great Plains Conference Insurance options: contact Sue Courtney or Carol Stevens at Schiffman Remley & Associates at sue_c@srains.com or 913-831-1777. www.GreatPlainsUMC.org/TripInsurance
 - Special Market Insurance Consultants (only domestic trips, info@specialmarkets.com)
 - Lorna Jost, umvimncj@brooking.net, <http://www.umvimncj.org/NCJVIM/Insurance.html>
 - Northeastern Jurisdiction: Contact Rev. Nick Nicholas, deaconnick23@gmail.com,
 - Southeastern Jurisdiction: Contact Paulette West, paulette_west@umvim.org
Website: <http://umvim.org/>

- III. Note to Team Leaders: Take and keep with you the following forms:
 - Signed copy of Mission Covenant for each VIM member.
 - Copy of insurance, confirmation and insurance contact card (if applicable).
 - Signed and notarized copy of Medical & Liability Release form for each VIM member.
 - Emergency Contact Information form for each VIM member.
 - Signed and notarized Death Notification Form for each VIM member.

- IV. International Teams only
If you have any minor VIM team member, take the Parental Consent Form with you. Keep this form with your other travel documents (passport, vaccination cards etc...). You will be asked to show it to the Customs & Border Protection Officials. Make sure the youth person/minor has a copy of the form as well. Failure to present this document to the officials at the Borders may delay your departure/re-entry into a country. Remember every 40 seconds in the US, a child goes missing or is abducted (check www.parents.com). This is an effort to stop human trafficking (especially children).

- V. Team Leader and Team Member Evaluation Forms
After 2 to 3 weeks of your return, send the following forms to the Mercy & Justice Conference Office.
 - Team Leader Evaluation Form
 - Team Member Evaluation Form

Thank you for serving as a VIM team leader.

Medical and Liability Release Form

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 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 Limitation _____

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 **South Central** Jurisdiction of the United Methodist Church, the **Great Plains** 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.

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 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 (For minor team members)

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 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.

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 trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and forever discharge the team leader(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 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

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

United Methodist Volunteers In Mission

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.**

Signature

Date

Emergency Contact Information

(Return this form to Team Leader)

Missioner's name on passport/ID _____ Passport# (foreign trips only) _____

Mailing address _____ Date of birth _____

Home phone _____ Work phone _____

Cell phone _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name _____ Relationship to missionary _____

Address _____ Work phone _____

City / State / Zip _____ Cell phone _____

Home phone _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name _____ Relationship to missionary _____

Address _____ Work phone _____

City / State / Zip _____ Cell phone _____

Home phone _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES:

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

Notification of Death

Name _____ Passport No. _____ (foreign trips only)

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)

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 _____
State of _____

Parish or County _____
My Commission Expires _____

Medical Information: Physician's Form (Foreign trips only)

I, _____, plan to participate in a United Methodist Volunteers In Mission project in (location) _____.

I will be doing manual labor outdoors in a climate that is: ___hot and humid ___cold and damp other _____ . Health care facilities may be insufficient or nonexistent.

The United Methodist Fellowship of Health Care Volunteers suggests the following immunizations and prophylactic medications:

Recommended Immunizations, Routine

Vaccine	Schedule
Diphtheria/Tetanus (DT) 1	Every 10 years
Pertussis	Infancy only
Polio	Single Booster, OPV
MMR	1 month before travel if non-immune

RECOMMENDED IMMUNIZATIONS FOR TRAVEL, PARTICULARLY BY HEALTH CARE TEAMS, TO COUNTRIES WHERE EXPOSURE RISK IS INCREASED OR DISEASE IS ENDEMIC

Vaccine	Schedule
Hepatitis B	3 doses, 6, 5, 1 month before travel
Hepatitis A(2)	2wks before travel, booster @ 6-18months
Typhoid, oral (3)	1 capsule every other day X 4 doses
Typhoid, polysaccharide	1 dose IM, repeat q. 2yrs
Meningococcal polyvalent	SQ single dose
Yellow Fever (4)	SQ single dose, booster q 10 yrs

1. Always include Diphtheria with the Tetanus booster (DT)
2. The new Hepatitis A vaccine is 95% effective, no side effects
3. Oral typhoid vaccine is neutralized by mefloquine (Lariam)
4. In some countries, up-to-date vaccination for yellow fever is required (see CDC website)

The local health department or the CDC website <<http://www.cdc.gov/travel>> can provide up-to-date country specific information on immunizations for travelers.

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 examination performed: ___Yes ___No

Print Name _____
 Address _____
 City / State / Zip: _____
 Phone: _____ Fax: _____

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) _____

Mail to:
Office of Mercy and Justice
Great Plains Conference
(316) 684-0266
9440 E Boston
Wichita, KS 67207

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": Mission volunteers defines this as number of team members (answer # 7) times number of days of the mission (answer # 8), _____ (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. You may use the back side of this sheet.
18. What team members would you recommend for us to contact about receiving team leader training and leading an UMVIM team in the future (Use the back page as needed)?

Name _____ 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.

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

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

Effectiveness of team orientation	1	2	3	4	5
Relationship with the local people	1	2	3	4	5
Worship with the people	1	2	3	4	5
Team worship and sharing	1	2	3	4	5
Schedule	1	2	3	4	5
Personal growth in your faith	1	2	3	4	5
Team leader	1	2	3	4	5

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

5. Describe some of your present feelings:

Location of mission experience: _____

Dates of mission: _____

Signature (optional): _____



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UMVIM Team Leader Application

Name _____ Church of membership _____

Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____

E-mail _____

Name and location of UMVIM Project for which you are applying to be a team leader:

Dates you would like to lead a team: _____

TRAINING / EXPERIENCE:

1. Team Leader training: Date _____ Place _____

Date of Safe Gathering Certification: _____

Are you willing to submit to a background check? Yes No

2. List teams of which you have been team leader:

Date	Site	Country or USA state

3. If you have not been a Volunteers In Mission team leader, please list Volunteers In Mission teams in which you have participated as a team member:

Date	Site	Country or USA state

4. Other UMVIM activities or information.

The information in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give to UMVIM any information that they may have regarding my character and fitness for Volunteers In Mission work. I release all such references from liability for any damage that may result from furnishing such evaluations and I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by United Methodist Volunteers In Mission policies.

Applicant's signature _____ Date _____

The outreach committee of the church and/or the church pastor has approved this applicant as an UMVIM team leader.

Chair of outreach committee

Pastor's signature

Date

Reference Form for UMVIM Team Leaders

Thank you for applying to be a Volunteer in Mission Team Leader. Please have the reference forms filled out by your pastor, your mission chairperson (outreach or anyone in a similar position) and one lay person who knows you well.

(Name of applicant)

Date

This person has applied to be a team leader for United Methodist Volunteers In Mission and has given your name as a reference. Please state frankly your opinion of the applicant's all-around fitness for Christian service as a United Methodist Volunteers In Mission Team Leader by answering the following questions and summary.

1. Please give any information you regarding the applicant's background (family, education, experiences) that you feel might bear upon his/her suitability for this service.
2. Does the applicant show good judgment and possess the ability to make decisions and follow through on them?
3. To what extent does the applicant demonstrate leadership? Give examples.
4. What type of influence does the applicant exert? Does the applicant respond well to authority? Comment on the applicant's ability to cooperate and work with others.
5. Comment on the applicant's sensitivity to the needs, feelings and attitudes of others.
6. Estimate the candidate's ability in his/her profession.
7. What is the applicant's attitude toward other cultural groups, races, and nationalities?
8. How does this person respond under pressure? Would you feel comfortable in another country with this person as team leader?

9. Have you had any reason whatsoever to lack confidence in this applicant?

SUMMARY: Please state frankly your opinion of the applicant's all-around fitness for Christian service as a United Methodist Volunteers In Mission Team Leader, adding significant information and impressions not brought out by the preceding questions.

Name _____

Address _____

Phones _____

Signature _____ Date _____

Occupation _____

Association with applicant _____

(Pastor, co-worker, etc)

Please email or mail this signed reference form to the Mercy and Justice Office below:

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