

Forms Package

This package includes the following forms:

- Emergency Contact Form
 - To be kept in the Christ Church office at all times
 - Due by August 23, 2010
- International Missioner Profile and Release of Claim
 - Due by August 23, 2010
- Mission Insurance Overview
- Medical Insurance Form
 - Used to purchase missioner travel insurance
 - Make sure you complete beneficiary information
- Medical Information and Release Form
 - It is important that you confirm that you are in good physical health and able to go on this mission trip. We strongly suggest that you have a physical in advance of taking this trip.
 - Pastor John is a notary and will notarize your form.
 - If you are joining the mission from another location outside of Virginia, make sure you have this form notarized
 - Have your physician sign the second page of this form.
 - This form is due by the end of September.
- Notification of Death
 - Don't let this form scare you. It is necessary for obvious emergency reasons only!
 - You may use the Church's address as a delivery address in the event that you do not have a funeral facility chosen in advance.
 - This form is due by August 23, 2010.

EMERGENCY CONTACT INFORMATION

Return to Team Leader

Name on passport _____

Mailing address _____

Home phone _____ Passport # _____ Date of
birth _____ Work phone _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name _____

Address _____

Phone _____ Relationship _____ Work
phone _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name _____

Address _____

Phone _____ Relationship _____ Work
phone _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES:

A copy of this form will be left at Christ Church while the team is in mission.



United Methodist Volunteers In Mission
Southeastern Jurisdiction Office of Coordination
 315 West Ponce de Leon Avenue, Suite 750
 Decatur, Georgia 30030

Phone: 404-377-7424
 FAX: 404-377-8182
 EMAIL: sejinfo@umvim.org
www.umvim.org

INT. MISSIONER PROFILE AND RELEASE OF CLAIM

This form is for teams traveling to projects outside the USA. Each team member must complete this form, and a packet of all team members' Missioner Profiles must be sent to the UMVIM, SEJ office at least two weeks before departure.

Team Leader	<u>Pastor John Speight & Debra Merrill</u>	Departure Date	<u>1 Nov 2009</u>
Project Name	<u>Christ Church Medical Mission</u>	Return Date	<u>9 Nov 2009</u>
Location & Country	<u>Nyanza District, Kenya</u>	Nickname	_____
Legal Name	_____	Work Phone	_____
	First Middle Last	Home Phone	_____
Address	_____	Fax	_____
	_____	Date of Birth	_____
	City State Zip	Sex	_____
Email	_____		
Occupation	_____		
Employer	_____		
Conference	<u>Virginia</u>	Emergency Contact	_____
District	<u>Alexandria</u>	Relationship to you	_____
Local Church	<u>Christ Church</u>	Emer. Contact Ph#	_____

The following guidelines are recommended by the UMVIM, SEJ Board of Directors for all missioners, both team members and individual volunteers. Volunteers in mission are not tourists; they go at the invitation of another church as guests. It is extremely important to be willing to adjust to the expectations of the host church. Therefore, in consideration of the opportunity to participate in the project described above as a volunteer, and in consideration of other obligations incurred by the mission organization, please review the following agreement and sign below:

- I agree to share my faith in an appropriate Christian manner.
- I agree to cooperate at all times with the team leader concerning our work and life together including daily assignments, food, lodging, and transport and to stay with the team from beginning to end.
- I agree to abstain from offensive habits while on the mission. **(The use of alcohol and tobacco is unacceptable for Christians in many countries)**
- Further, I hereby release and discharge the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to property, real or personal, caused by, or arising out of, the above described mission service. I intend to be legally bound by this statement.
- I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities, etc.
- I agree to abide by the UMVIM, SEJ Safe Sanctuary Policy, viewable at: <http://www.umvim.org/newsite/umvim/web-content/Pages/about/safesanctuary.html>

The validity, construction and interpretation of this **MISSIONER PROFILE AND RELEASE OF CLAIM** form shall be governed by and construed in accordance with the domestic laws of the state of Georgia, in which the UMVIM SEJ office and our insurer, the CMA Agency, Inc. are located.

In witness whereof, I have executed this agreement and this release at _____ Date _____
 (city & state)

Signature

IMPORTANT NOTE: This form alone is not sufficient to institute insurance coverage for you. If you desire insurance for your mission, it **MUST** be accompanied by a completed copy of the *Team Roster* form (one copy per team), with a check for the registration fee & the appropriate amount for the desired coverage.

Kenya Medical Camp Mission

Insurance

While you are out of the United States you will be covered by UMVIM medical insurance. This insurance is included in the cost of the mission. A summary of coverage is as follows:

Medical Maximum: Deductible: \$100 (Those age 70+ are limited to \$100,000 medical maximum.)	\$1,000,000 The plan covers 100% after the deductible is paid.
Hospital Indemnity:	\$150 per night up to 30 days
Dental:	Up to \$500 for accident coverage.
Dental:	Sudden relief of pain \$100
Emergency Evacuation:	\$300,000 plus the medical maximum
Return of Mortal Remains:	\$50,000
Emergency Reunion:	\$50,000
Local Ambulance Benefit:	\$5,000
Accidental Death & Dismemberment:	\$25,000 principal sum for Insured or Insured Spouse
Loss of Baggage:	\$250
Interruption of trip:	\$5,000
Hospital Room & Board:	Usual, reasonable and customary to the selected Medical Maximum
Intensive Care:	Usual, reasonable and customary to the selected Medical Maximum
Outpatient Medical Expenses:	Usual, reasonable and customary to the selected Medical Maximum
Unexpected Recurrence of a Pre-existing Condition:	\$20,000 (65+ = \$2,500)

Medical Insurance Form

Kenya Medical Mission – November 5 – 14, 2010

First Name _____

Last Name _____

Date of Birth _____

Your Age (at the time of the mission) _____

Home Address _____

Email Address _____

Home Phone _____

Alternate Phone _____

Passport Number _____

Beneficiary (Someone other than you) _____

Relationship of the beneficiary to you _____



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MEDICAL INFORMATION & RELEASE FORM

Name _____ Work Phone _____
 Address _____ Home Phone _____
 _____ FAX _____
 Date of last physical examination _____ Email _____

Country Kenya Departure Date _____/_____/_____
 Location Nyanza District Return Date _____/_____/_____
 Project Name Christ Church Medical Mission Team Leader John Speight & Debra Merrill

I _____ authorize _____
 participant _____ another adult on trip _____

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or 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 or country in which they practice, during the duration of the trip identified above.

Participant's Physician _____ Phone (____) _____

Medical Insurance Provider _____ Phone (____) _____

Policy Number _____

Allergies and Medications _____

Physical disabilities and health problems – indicate whether you have special needs regarding sleeping accomodations, meals, etc.

Signature of Participant _____ Date _____/_____/_____

Signature of Parent _____ Date _____/_____/_____
 (for youth under 18) _____

Notarization of Medical Release Form

State of _____ 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, _____ County State of _____

Ask your physician to read the information on the back of this sheet

TO MY PHYSICIAN:

I plan to participate in a Volunteers In Mission project in _____, I will
(location of project)
be doing manual labor outdoors in a climate that is:

hot and humid cold and damp other.

Health care facilities may be inadequate or nonexistent.

The Volunteers in Mission Medical Fellowship president recommends the following immunizations and prophylactic medications:

1. A diphtheria/tetanus toxoid booster if not received during the past 10 years.
2. The drug of choice of diarrhea prevention is Ciprofloxin 500 mg once a day beginning the day of travel, increasing dose to 500 mg. every 12 hours if illness occurs.
3. A gamma globulin injection or Hepatitis A vaccine series may need to be administered prior to departure in order to prevent Hepatitis A.
4. Hepatitis B vaccine is recommended for medical-dental team missionaries who may be exposed to blood.
5. Malaria prophylaxis is indicated in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by calling the Center for Disease Control (CDC) 24 hour hotline, 404-332-4559.
6. In most countries where UVMIM teams serve, use of a sunscreen with an SPF factor of 30 is recommended.

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.

After reviewing the above information and knowing the team member, it is my opinion that no untoward risks would be incurred by this person's participating in a project as described above.

Signed: _____, M.D. Date: _____

Physical examination performed? Yes No

Print Name: _____ Phone: _____

Address _____ Fax: _____



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NOTIFICATION OF DEATH

Name _____
 First Middle Last

Address _____

Work Phone () _____ Date of Birth ____ / ____ / ____ US Passport # _____
 Home Phone () _____ Sex _____ Expiration Date ____ / ____ / ____

A member of my family, or a Bishop of the United Methodist Church, or a representative of the U. S. State Department is to be instructed by the following in the event of my death, should my death occur outside the United States:

1. Immediately contact the following:
 (Please include complete names, addresses, and contact numbers for the following)

- A. A representative of the U. S. State Department
- B. My spouse

C. My parents

D. My children

E. Others (specify relationship)

F. United Methodist Bishop's Office

_____ It is my desire that I be cremated if this is possible prior to my being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with a representative of the U. S. State Department. My remains are then to be shipped to the following address:

_____ I do not wish to be cremated. My body is to be shipped back to the United States in keeping with the requirement of the host nation to the following address:

_____ All valuables, money, and personal possessions are to be kept in the control of the representative of the U. S. State Department and shipped to _____ at the following address:

_____ In the event of the death of an accompanying spouse, all of the above instructions are to be followed in consultation with the surviving spouse if that spouse's physical condition or location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the surviving spouse.

Notarization of Notification of Death Form (optional)

State of _____

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.

(Seal)

Notary Public, _____ County

State of _____