

SECTION 6 – TEAM MEMBER FORMS

OKLAHOMA VOLUNTEERS IN MISSION

- **EXPLANATION OF FORMS**
- **TEAM FORMS CHECKLIST**
- **MEDICAL INFORMATION AND EMERGENCY CONTACT FORM**
- **PARENTAL CONSENT FORM (UNDER 18 YEARS OLD)**
- **RELEASE FORM (18 YEARS OLD AND OLDER)**
- **NOTIFICATION OF DEATH FORM**
- **TO MY PHYSICIAN FORM**

NOTES:

OKLAHOMA VOLUNTEERS IN MISSION

Explanation of Forms – refer to Team Forms Checklist (page 3)

Copies of Team Members Forms are due to the OKVIM office at least **21 days prior to the mission. DO NOT SEND ORIGINALS.** The following forms are required:

International Mission:

1. Medical Information and Emergency Info
2. Parental Consent (under 18 years old)**
3. Release Form (18 years old or older)
4. Notification of Death
5. Copy of passport.

National Mission:

1. Medical Information and Emergency Info
2. Parental Consent (under 18 years old)**
3. Release Form (18 years old or older)
4. Copy of photo ID

Forms are to be sent to: VIM
Oklahoma Conference Ministry Center
1501 NW 24th St.
Oklahoma City, OK 73106

Forms sent to the attention of either: Coordinator of International missions
Coordinator of OK/National missions

** Parental Consent (Legal Guardian) for minors must be signed and notarized by **both** parents (legal guardians). OKVIM requires the completion of this form even if one or both parents are on the mission. **Every minor must have signatures of both parents (even if divorced or separated), especially when traveling outside the USA. If one parent is deceased, attach a copy of the death certificate. If one parent has sole custody due to divorce, attach a copy of the divorce decree.** Be prepared to show at border crossings.

Be certain that the team leader carries the original forms on the mission. It is recommended that they are placed in a sealed envelope which is opened only if there is an emergency. The team leader should ensure that several TRUSTED adults know the location of the forms in case the team leader is not available during an emergency.

Please do not staple forms together.

Helpful Hint from an Experienced Team Leader: We order pizza and have a form signing party, with a notary on hand. Prior to the party, I remind team members what information they need to bring with them to complete the forms. It sure is helpful to have everyone complete the forms at the same time. Then, I don't have to hunt them down.

OKLAHOMA VOLUNTEERS IN MISSION

Team Form Checklist – Team Leader must complete and send with missionaries' forms

Missioner's Name on Passport or Official Government Issued ID	Date of Birth	Copy Passport or Copy Picture ID	Medical Information & Emergency Contact Information (Pg. 4)	Parental Consent (under 18 yrs old) (Pg. 5)	Release Form (18 yrs old and older) (Pg. 6)	Notification of Death (Pg. 7) <i>International only</i>	To My Physician (Pg. 8) <i>Optional</i>	Other
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All team members have read and signed the Purpose, Values, Task, and Mission Policy Agreement found in Section 5, page 3.

Team Leader's Signature: _____ Team Leader's Printed Name: _____

Location of Mission: _____ Dates of Mission: _____ Team #: _____

International Missions Only: Date departing the USA: _____ Date arriving back to USA: _____

Date Insurance Entered _____ Initials _____ Section 6, Page 3 February 2008 Edition

OKLAHOMA VOLUNTEERS IN MISSION

Medical Information and Emergency Contact Information

CONTACT/MEDICAL INFORMATION **OKVIM TEAM #:** _____ **MISSION SITE** _____

Name on official ID/Drivers License/Passport: _____

Drivers Lic.# / Other ID # / Passport number: _____

Mailing address: _____

City _____ State _____ Zip _____

Cell Phone: _____ Home phone: _____

Work Phone: _____ Email: _____

Blood type: _____ Date of birth: _____

Local Church Affiliation: _____

I am a part of the Oklahoma United Methodist **Clergy** Family.

1. Information about any prescriptions I use: _____

2. I am allergic to: _____

3. Physical limitations or concerns: _____

4. Please provide other helpful health information: _____

5. Participant's physician: _____ Phone: _____

6. I consider myself healthy enough to fulfill my responsibilities on the Mission team. Yes No

7. I am diabetic: Yes No

8. I have a history of seizures: Yes No

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name: _____ Relationship to missionary: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____

UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name: _____ Relationship to missionary: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES: _____

OKLAHOMA VOLUNTEERS IN MISSION

Parental Consent (missioner under 18 years old)

LIABILITY RELEASE

OKVIM TEAM#: _____ MISSION SITE _____

We, _____ and _____,
Parents or guardians Parents or guardians

the parents/guardians of _____ give our child, a minor residing at _____
Child's name (address), permission to accompany a United

Methodist Volunteers In Mission team to _____ (location of mission) 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, including air, food and water-borne illness; from civil insurrection or warfare; from post-warfare hazards; from geographic conditions; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating, vehicle accidents and worksite accidents. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

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 Oklahoma 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.

IN LOCO PARENTIS

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.

MEDICAL RELEASE

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.

MEDIA RELEASE

So that OKVIM can continue to share the love of Christ by telling the story of the ministry, I consent to the use of my child's image or voice in photographs, audio and/or video recordings taken during the course of this mission for the publicity of the Volunteers In Mission Program.

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 _____ County/Parish _____

State of _____ My Commission Expires _____

OKLAHOMA VOLUNTEERS IN MISSION

Release Form (missioner 18 years old and older)

LIABILITY RELEASE

OKVIM TEAM #: _____ MISSION SITE _____

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of The United Methodist Church, the Volunteers In Mission Board of the Jurisdiction of The United Methodist Church, the Conference United Methodist Church Volunteers In Mission, the Annual Conference of The United Methodist Church, and any related agency, conference, district, local church, member, employee, or agent, from any liability, injury, damage loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the following project:

(Write in name and location of 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, including air, food and water-borne illness; from civil insurrection or warfare; from post-warfare hazards; from geographic conditions; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating, vehicle accidents and worksite accidents. 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 or her heirs, representatives, and assignees.

MEDICAL RELEASE

If I am unable to do so, I hereby authorize the Team Leader or another designated adult on the team 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 this mission.

MEDIA RELEASE

So that OKVIM can continue to share the love of Christ by telling the story of the ministry, I consent to the use of my image or voice in photographs, audio and/or video recordings taken during the course of this mission for the publicity of the Volunteers In Mission Program.

Participant's signature

Date

Participant's printed name

Dates of Mission

Notarization of 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(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____

County/Parish _____

State of _____

My Commission Expires _____

OKLAHOMA VOLUNTEERS IN MISSION

Notification of Death (International missions only)

OKVIM TEAM #: _____ MISSION SITE _____

Name: _____ Passport No.: _____

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:

My family or other: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Fax: _____ E-Mail: _____

2. My wishes are as follows: (choose option A or option B)

A. 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):

B. 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)

Printed Name: _____
_____ Dates of Mission and Team Number

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 _____ County/Parish _____

State of _____ My Commission Expires _____

Complete form for International Missions only.

Original to Team Leader and Copy to OKVIM.

OKLAHOMA VOLUNTEERS IN MISSION

To My Physician (OPTIONAL FORM)

OKVIM TEAM #: _____ MISSION SITE _____

Missioner's Name: _____

I plan to participate in an Oklahoma Volunteers In Mission project in _____.
(Location of project)

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

1. A diphtheria/tetanus toxoid booster if not received during the past 10 years.
2. The Hepatitis A vaccine series may need to be administered prior to departure.
3. Hepatitis B vaccine is recommended for medical/dental team missionaries who may be exposed to blood.
4. Malaria prophylaxis is indicated in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by contacting the Centers for Disease Control (CDC) at 404-332-4559 or <http://cdc.gov/travel/index.htm>.

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:

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

Signed _____ M.D. Date _____

Physical examination performed: ___ Yes ___ No

Print Name _____ Phone _____

Address _____ Fax _____

_____ E-mail _____