



## Inspiring Travel Checklist

The following chart shows forms/information required for your mission travel:

Name	Disaster Response	Reginal / National	International	Notes
<b>General Information</b>				
Mission Participant Application	✓	✓	✓	Includes Code of Conduct, Medical and Liability Form, Assumption of Risk
<b>Agreements and Release Forms</b>				
Background check	✓	✓	✓	cumc.com/forms Note: Required Every 2 Years
Ministry Safe	✓	✓	✓	Required Every 2 Years   Project Lead to Provide Upon Request
Notification of Death			✓	Notary Required
<b>Miscellaneous Required Information</b>				
Passport Information			✓	Verify passport is current and passport number required to complete Inspiring Travel Application
<b>Youth Travel Forms - Required if NOT Accompanied by Parent</b>				
Power of Attorney	✓	✓	✓	Provide a copy to your Project Lead
Parental Permission, Release and Consent to Medical Treatment	✓	✓	✓	cumc.com/forms



Office Use Only

BC / Date

Min. Safe / Date

## Mission Participant Application

Please check all applicable skills below and explain in detail where appropriate. Team assignments will be made based on this information.

### Project Information

Name & Location of Project: \_\_\_\_\_

Trip Dates: From - \_\_\_\_\_ To - \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: M / F T-Shirt Size: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### Passport Information | Required for International Travel Only

Passport Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Place Issued: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Medical Information

Primary Physician: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Note: A listing of medications may be provided separately to your project leader.

### Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



## Mission Participant Application (Continued)

### Secondary Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other information you wish to add, should an emergency arise: \_\_\_\_\_

### Skills & Interests Assessment

Check all that apply:

Building/Carpentry/Masonry Skills

Singing - group or individual

Preaching, Devotionals, Leading Prayer

Photography

Blog/Social Media Posting

CPR/First Aid Training

Working With Youth

Play an Instrument - please list \_\_\_\_\_

Languages - please list: \_\_\_\_\_

Other Hobbies/Skills/Interests - please list: \_\_\_\_\_

### For VOLT Missions

VOLT Skills (i.e. reading glasses)

### Leadership Position Interests

Are you interested in being a Team Lead:    Yes/    No



## Mission Participant Application (Continued) Code of Conduct Agreement

### PRINT AND SIGN

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:

- Lift up Jesus Christ with my thoughts, words, and actions.\*
- Develop and maintain a servant attitude toward the people our team serves as well as toward each team member.
- Pray for and support my team leader and his/her decisions.
- Respect the host's religious views, realizing that different people have different expressions of faith.
- 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.
- 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.
- Abstain from using illegal drugs, and profanity; wearing inappropriate clothing; and engaging in other objectionable behavior, from the time of my departure until my return home.
- 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.
- Refrain from gossip. If it is not true, good, and positive, I will not say it.
- 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.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Mission Participant Application (Continued)**  
**Notification of Death Form**  
**Required for International Travel ONLY**

**PRINT AND SIGN**

Name: \_\_\_\_\_ Passport Number: \_\_\_\_\_

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:

- Immediately contact the following:

A consular duty officer at the US Embassy in the country where the death occurred.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

North Texas Conference United Methodist bishop's office Phone: 800-969-8201 | Fax: 972-526-5003

My family or other: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

- 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.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notarization of Notification of Death Form (Print and Notarize)**

STATE OF TEXAS, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of 20\_\_\_\_\_(month/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 be the free act and deed thereof.

Notary Name Printed \_\_\_\_\_ Notary Signature \_\_\_\_\_

State of : \_\_\_\_\_ My Commission Expires : \_\_\_\_\_



## Mission Participant Application (Continued) Assumption of Risk/Release Form Pg. 1

### PRINT AND SIGN

I hereby agree as follows:

- **Risks of Participation.** I fully recognize that there are dangers and risks to which I may be exposed by participating in Serving Others/Inspiring Travel. More specifically, I acknowledge and accept all risks associated with participating in US and/or international travel including those resulting from kidnapping, criminal activity, war, terrorist attacks, lack of access to health care, food or beverage contamination, public health problems, and unsafe local transportation. Furthermore, I acknowledge and accept all risks associated with mission work including construction and/or repair of structures.

I accept full responsibility for any injuries or illness that I may sustain in the course of the Serving Others/Inspiring Travel activities. I understand that Christ United Methodist Church (“CUMC”) and its governing board, officers, employees, and agents do not require me to participate in Serving Others/Inspiring Travel, but I am volunteering to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume all of the risks and responsibilities in any way associated with Serving Others/Inspiring Travel activities.

- **Health & Safety.** I understand and agree that CUMC will not have medical personnel available on Serving Other/ Inspiring Travel mission trips. I understand and agree that CUMC is granted permission to authorize emergency medical treatment, if necessary, and that such action by CUMC shall be subject to the terms of this Release. I understand and agree that CUMC assumes no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment. 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, I authorize the following person (another adult on trip:) \_\_\_\_\_

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in Serving Others/ Inspiring Travel. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in Serving Others/Inspiring Travel.

I understand that CUMC is not obligated to provide transportation in connection with Serving Others/Inspiring Travel. I understand that I am expected to carry my own automobile liability insurance coverage.

- **Assumption of Risk, Covenant Not to Sue, and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in Serving Others/ Inspiring Travel, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in Serving Others/Inspiring Travel. I waive any and all claims for damages which I, or my heirs, successors or assigns, may have against CUMC and the United Methodist Church, their trustees, representatives, employees, conferences or agencies arising from my death, illness, injury, or any property damage or loss that I may suffer. In the event that I have minor children who will accompany me, I, acting both on my behalf and on their behalf as their parent and/or legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of their participation in Serving Others/Inspiring Travel.

(AGREEMENT CONTINUED ON THE NEXT PAGE)



## Mission Participant Application (Continued) Assumption of Risk/Release Form Pg. 2

### PRINT AND SIGN

• **Authorization for Use of Image, Words, Artwork and Information.** I permit and authorize CUMC, including its employees, agents, volunteers and personnel who are acting on behalf of CUMC, to use the following for purposes related to the mission of CUMC, including publicity, marketing and promotion of CUMC, without compensation to me:

- My photograph or other likeness
- My voice or quotes/excerpts of my written or verbally expressed words My artwork or a photograph of my artwork
- My name or biographical information

I understand the above may be subject to reasonable modification or editing and may be reproduced and distributed by means of various media, including but not limited to publications, video or digital presentations, television broadcasts/rebroadcasts or radio transmissions/ retransmissions, news releases, mail outs, billboards or signs, brochures or web sites. I waive any right to inspect or approve the finished product, or any material in which CUMC may eventually use my image, words, artwork and information or other items indicated above.

I understand that, although CUMC will endeavor to use the above in accordance with standards of good judgment, CUMC cannot warrant or guarantee that any further dissemination of the above will be subject to CUMC's supervision or control. Accordingly, I release CUMC from any and all liability related to dissemination of my image, words, artwork and information and other items indicated above. This consent and release shall be binding upon my heirs, successors, assigns and legal representatives.

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

This agreement shall be governed by the laws of the state of Texas, which shall be the forum for any lawsuits filed under or incident to this agreement or to Serving Others/Inspiring Travel.

Applicant Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR**

**I am the parent and/or legal guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.**

Guardian Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_