

SECTION 6 – TEAM MEMBER FORMS

OKLAHOMA VOLUNTEERS IN MISSION

- **EXPLANATION OF FORMS**
- **MEDICAL INFORMATION AND EMERGENCY CONTACT FORM**
- **PARENTAL CONSENT FORM (UNDER 18 YEARS OLD)**
- **RELEASE FORM (18 YEARS OLD AND OLDER)**
- **NOTIFICATION OF DEATH FORM**
- **TEAM LEADER ACCOUNTABILITY CHECKLIST**
- **OKVIM INSURANCE REGISTRATION FORM**

NOTES:

OKLAHOMA VOLUNTEERS IN MISSION

Explanation of Forms

The following forms are required to ensure all liability and safety issues are taken care, as per the policy of the Oklahoma Annual Conference:

International Mission:

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

National Mission:

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

** For international missions, Parental Consent (Legal Guardian) for minors must be signed and notarized by **both** parents (legal guardians). This is required 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. These requirements are those of Mexico especially, but could also be applicable for other countries, too.

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.

Helpful Hint from an Experienced Team Leader: We order pizza and have a form signing party. 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 CONFERENCE OF THE
UNITED METHODIST CHURCH**

Oklahoma Volunteers In Mission

MEDICAL INFORMATION AND EMERGENCY CONTACT INFORMATION

Name on official ID/Drivers License/Passport: _____

Drivers Lic.# and State of issue / 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: Yes No

1. Information about any prescriptions I use (include name and dosage): _____

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 (PRIMARY CONTACT):

Name: _____ Relationship to missionary: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING (SECONDARY CONTACT):

Name: _____ Relationship to missionary: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

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



**OKLAHOMA CONFERENCE OF THE
UNITED METHODIST CHURCH**

Oklahoma Volunteers In Mission

FULL NAME OF MINOR MISSIONER: _____

ADDRESS OF MINOR MISSIONER: _____

TRAVEL DATES AND DESTINATIONS: _____

METHOD OF TRAVEL (airlines, flight #, etc.): _____

REASONS FOR TRAVEL: _____

PERMISSION: I/We am or are the parent, parents, guardian, and/or guardians of the above named missioner who is a minor residing at the address set forth above (the "Minor"). I/We hereby permission for the Minor to accompany a United Methodist Volunteers In Mission team to perform certain mission work and to participate as a member of a mission group.

ASSUMPTION OF RISK: I/We have voluntarily elected to allow the Minor to participate in certain mission work coordinated by and through Oklahoma Volunteers In Mission (the "Mission Work"). I/We affirm and acknowledge that I/we have agreed to allow the Minor to participate in the Mission Work entirely upon my/our own initiative, risk, and responsibility. I/We have been advised and fully understand that while participating in the Mission Work, the Minor may be exposed to unusual risks. These risks may include, but are not necessarily limited to, the following: diseases, including air, food and/or water-borne illness; civil insurrection, warfare and/or political unrest; acts of terrorism; post-warfare or post-insurgency hazards; adverse geographic conditions; extreme heat and/or humidity with the possibility that no air conditioning will be available; extreme cold with the possibility that no central heating will be available; environmental conditions such as high altitude, which could have a harmful effect on the Minor if he/she has a heart condition or respiratory disease; native plants and/or animals; vehicle accidents; and/or worksite accidents. I/We understand that the foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers or risks that the Minor may face while participating in the Mission Work. I/We affirm and acknowledge that I/we have been informed of the inherent hazards and risks associated with the Minor participating in Mission Work and that I/we fully understand that these risks can lead to bodily injury, death or property loss or damage. With this understanding, I/we knowingly allow the Minor to assume these risks. I/We agree that this assumption of risk clause shall be construed broadly to the maximum extent permissible under applicable law.

LIABILITY RELEASE: I/We do hereby for myself and the Minor, and our heirs, executors, and administrators, remise, release, hold harmless, and forever discharge the Mission Work team leaders, Mission Work team members, The United Methodist Church, The South Central Jurisdiction of the United Methodist Church, The Oklahoma Conference of The United Methodist Church, The General Board of Global Ministries of The United Methodist Church, The Annual Conference of The United Methodist Church, United Methodist Volunteers In Mission, Oklahoma Volunteers In Mission, and all of their respective officers, employees, volunteers, members, and affiliated organizations, as well as any and all other participants and/or sponsors of the Mission Work, acting officially or otherwise, from all claims, demands, damages, actions or causes of action, liabilities, losses, charges, controversies, costs and expenses of any nature, character, kind, and description, based in law and/or in equity, known or unknown, accrued or not yet accrued, whether anticipated or unanticipated, including the Minor's death or any injury the Minor may suffer, or any loss or damage to my property or the Minor's property which may occur directly or indirectly from, or arising out of, any cause, while the Minor is participating in the Mission Work, as well as all ground and flight travel incident to such Mission Work. This Release shall be construed broadly to the maximum extent permissible under applicable law. THIS RELEASE SHALL REMAIN IN EFFECT UNTIL RESCINDED BY ME/US, IN WRITING.

MEDICAL RELEASE: It is my/our intention by this document to consent to the Minor's participation in the mission trip, to consent to allow the team leader(s) to act *in loco parentis* [In the place of the parent] for the duration of the Mission Work, and to waive and forego all right of action by myself/ourselves and the Minor against the parties herein before named in the above Liability Release. I/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 the Minor, should the same become necessary because of illness or injury. I/We specifically authorize a physician or other appropriate medical professional to treat the Minor's preexisting condition, if any, by performing any procedure deemed necessary by the treating physician and by prescribing any prescription medicine the Minor is currently taking or needs to take in order to safeguard the Minor's life or well being and providing such prescription to the Minor for treatment. The Liability Release set forth above shall apply in full to the authorizations granted by this clause. THIS RELEASE SHALL REMAIN IN EFFECT UNTIL RESCINDED BY ME/US, IN WRITING.

MEDIA RELEASE: So that Oklahoma Volunteers In Mission 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 (including digital) taken during the course of this mission for the publicity of the Volunteers In Mission Program. THIS RELEASE SHALL REMAIN IN EFFECT UNTIL RESCINDED BY ME/US, IN WRITING.

CONDUCT OF MINOR: I/We acknowledge that the Minor is expected to conduct himself / herself responsibly throughout the trip and while performing mission work and will conform generally to the applicable laws of the jurisdiction in which the Minor is traveling, including but not limited to any such laws or policies pertaining to alcohol consumption and/or drug use, etc.

GOVERNING LAW: I/We agree that the substantive and procedural laws of the State of Oklahoma shall govern the validity, construction, interpretation, performance and enforcement of this instrument or the subject matter covered thereby and I/we agree to jurisdiction in Oklahoma without reference to its conflict of laws provisions. I/We also hereby agree that any action and/or proceeding in connection with this instrument or the subject matter covered thereby shall only be brought in the venue of Oklahoma County, Oklahoma.

Signature of Parent / Guardian Date: _____

Print Full Name: _____ Relationship to Minor: _____

Signature of Parent / Guardian Date: _____

Print Full Name: _____ Relationship to Minor: _____

THIS INSTRUMENT WAS SIGNED ON THE ABOVE DATE BY THE ABOVE PERSON(S) IN THE PRESENCE OF EACH OF US, THE UNDERSIGNED WITNESSES, AS A FREE AND VOLUNTARY ACT AND DEED FOR THE PURPOSES THEREIN EXPRESSED.

Signature of Witness _____
Signature of Witness

Print Full Name: _____ Print Full Name: _____

For INTERNATIONAL travel only – ORIGINAL TO TEAM LEADER and Copy to OKVIM

THIS INSTRUMENT WAS SIGNED ON THE ABOVE DATE BY THE ABOVE PERSON(S) IN THE PRESENCE OF ME, THE UNDERSIGNED NOTARY PUBLIC, AS A FREE AND VOLUNTARY ACT AND DEED FOR THE PURPOSES THEREIN EXPRESSED.

[Signature of Notary]

Print Name: _____

NOTARY PUBLIC

My commission expires: _____

AT ALL TIMES WHILE IN MEXICO MINOR MUST CARRY ORIGINAL OF THIS INSTRUMENT AS WELL AS PROOF OF PARENT/GUARDIAN AND CHILD RELATIONSHIP (birth certificate and/or certified court document).



**OKLAHOMA CONFERENCE OF THE
UNITED METHODIST CHURCH**

Oklahoma Volunteers In Mission

NOTIFICATION OF DEATH (International Missions only)

Name on official ID/Drivers License/Passport: _____

Drivers Lic.# and State of issue / Other ID # / Passport number: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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.

For INTERNATIONAL travel only – ORIGINAL TO TEAM LEADER and Copy to OKVIM

Signature of Missioner / Team Member / Participant
(If under 18, must be signed by parent or guardian)

Date: _____

Print Full Name: _____

THIS INSTRUMENT WAS SIGNED ON THE ABOVE DATE BY THE ABOVE PERSON IN THE PRESENCE OF EACH OF US, THE UNDERSIGNED WITNESSES, AS A FREE AND VOLUNTARY ACT AND DEED FOR THE PURPOSES THEREIN EXPRESSED.

Signature of Witness

Signature of Witness

Print Full Name: _____

Print Full Name: _____

OKVIM Form-Notification of Death (Rev. 02-03-2009)

OKLAHOMA VOLUNTEERS IN MISSION

Team Leader Accountability Checklist

Please complete and send this form with the OKVIM Insurance Registration form to OKVIM no later than 21 days prior to your team's departure.

Team Leader: _____ Team Number: _____

Place of mission: _____ Dates of mission: _____

If you have any way to be contacted while on mission in case of emergencies, please list below (cell phone numbers, e-mail addresses, site host/hotel information, etc.):

FOR TEAMS TRAVELING WITHIN THE UNITED STATES

Completed **Task**

<input type="checkbox"/> Yes <input type="checkbox"/> No	All team member forms received: <input type="checkbox"/> Medical Information and Emergency Contact Information <input type="checkbox"/> Release Form (adult) <input type="checkbox"/> Release Form (minor)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copies of team forms made and have been left with (list name and contact phone no.): Name: _____ Phone: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Made copies of all e-tickets/paper tickets for air travel (where applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed and taking with me the Emergency Contact list (Section 7, page 5)
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand my responsibility to submit my teams actual financial figures (section 8, page 11)

FOR TEAMS TRAVELING OUTSIDE THE UNITED STATES

Completed **Task**

<input type="checkbox"/> Yes <input type="checkbox"/> No	All team member forms received: <input type="checkbox"/> Medical Information and Emergency Contact Information <input type="checkbox"/> Release Form (adult) <input type="checkbox"/> Release Form (minor; must be notarized) <input type="checkbox"/> Notification of Death
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copies of team forms made and have been left with (list name and contact phone no.): Name: _____ Phone: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Made copies of current passport picture page for each team member, one set to take with me, one set to leave with the team forms
<input type="checkbox"/> Yes <input type="checkbox"/> No	Obtained insurance for team members
<input type="checkbox"/> Yes <input type="checkbox"/> No	Made copies of all e-tickets/paper tickets for air travel (where applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed and taking with me the Emergency Contact list (Section 7, page 5)
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand my responsibility to submit my teams actual financial figures(section 8, page 11)

I affirm that all the above has been properly taken care in accordance with the policies and procedures of OKVIM and my team prepared for mission as laid out in my covenant as a Certified Team Leader for OKVIM:

Signed: _____ Date: _____
Team Leader

OKLAHOMA VOLUNTEERS IN MISSION

OKVIM Insurance Registration Form

Please complete this form (making as many copies as needed to enroll your whole team) and send into the OKVIM no later than 21 days prior to your team's departure.

It is your responsibility as Team Leader to ensure everyone who travels with you is properly entered into our insurance. If there are any changes due to cancellations of team members or replacements being added, please contact our office immediately.

Team Leader:

Team Number:

Place of mission:

Dates of mission:

**** Page # ___ of ___**

1	Full legal name, including suffix (e.g. John David Smith, Jr.):	Date of Birth (mm/dd/yyyy):	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Street Address:	E-mail:	
	City, State, Zip:	Phone: <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	
2	Full legal name, including suffix (e.g. John David Smith, Jr.):	Date of Birth (mm/dd/yyyy):	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Street Address:	E-mail	
	City, State, Zip:	Phone: <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	
3	Full legal name, including suffix (e.g. John David Smith, Jr.):	Date of Birth (mm/dd/yyyy):	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Street Address:	E-mail:	
	City, State, Zip:	Phone: <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	
4	Full legal name, including suffix (e.g. John David Smith, Jr.):	Date of Birth (mm/dd/yyyy):	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Street Address:	E-mail	
	City, State, Zip:	Phone: <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	
5	Full legal name, including suffix (e.g. John David Smith, Jr.):	Date of Birth (mm/dd/yyyy):	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Street Address:	E-mail:	
	City, State, Zip:	Phone: <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	
6	Full legal name, including suffix (e.g. John David Smith, Jr.):	Date of Birth (mm/dd/yyyy):	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Street Address:	E-mail:	
	City, State, Zip:	Phone: <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	

(Make extra copies of this page so all team members are listed)**