



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

Phone: 404-377-7424  
 FAX: 404-377-8182  
 EMAIL: [sejinfo@umvim.org](mailto:sejinfo@umvim.org)  
[www.umvim.org](http://www.umvim.org)

## MEDICAL INFORMATION & RELEASE FORM

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

Country \_\_\_\_\_ Departure Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Location \_\_\_\_\_ Return Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Project Name \_\_\_\_\_ Team Leader \_\_\_\_\_

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 accommodations, 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



United Methodist Volunteers in Mission  
 Southeastern Jurisdiction Office of Coordination  
 100 Centerview Drive, Suite 210  
 Birmingham, AL 35216

Phone: 205.453.9480  
 Fax: 205.453.9481  
 Email: [sejinfo@umvim.org](mailto:sejinfo@umvim.org)  
[www.umvim.org](http://www.umvim.org)

## USA MISSIONER PROFILE AND RELEASE OF CLAIM

This form is for teams traveling to projects inside 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 prior to departure.

Team Leader \_\_\_\_\_

Departure Date \_\_\_\_\_

Project Name \_\_\_\_\_

Return Date \_\_\_\_\_

Project Location \_\_\_\_\_

Work Phone \_\_\_\_\_

Legal Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Sex \_\_\_\_\_

Email \_\_\_\_\_

Conference \_\_\_\_\_

Emergency Contact \_\_\_\_\_

District \_\_\_\_\_

Relationship to you \_\_\_\_\_

Local Church \_\_\_\_\_

Phone Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

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, transportation, and to stay with the team the duration of the trip.
- 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 claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to personal 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 healthy 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 comply with my annual conference Safe Sanctuary policy. For further guidelines go to: [www.umvim.org](http://www.umvim.org)

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 was incorporated and our insurer, the CMA Agency, Inc. is located.

In witness whereof, I have executed this agreement and this release at: \_\_\_\_\_ Date: \_\_\_\_\_  
 (City and State)

Signature: \_\_\_\_\_

If under the age of 18: Parent's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

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 per team) with a check for the registration and the appropriate amount for the desired coverage.