

FOR ADMIN USE

LAST NAME

VEHICLE

CREW #

TRANSFORMATION **ADULT INFO PACKET**

PLEASE COMPLETE

NAME

CELL PHONE

ALLERGIES/MEDICAL ALERTS

Adult Leadership Inventory

NAME: _____
CHURCH: _____ T-SHIRT SIZE: _____
PHONE: _____ EMAIL: _____

Special Skills/Interests (circle all that apply)

Cooking Working With Children Art Music Sewing
Dance Hospitality Gardening Carpentry Plumbing
Painting Roofing Masonry Electrical Drywall
Technology Photography Other (Please list):

Worksite Preference – Choose Top 3 in order of preference:

_____ Home Repair _____ Working w/ Children _____ Art Instructor
_____ VBS Site _____ Photography Team _____ Gardening
_____ Food _____ Sewing _____ Crafts

I wish to be a work site coordinator: Y/N

How do you share Christ with others?

Have you ever been on a mission trip before? Y/N

Where? What were your responsibilities? What do you feel God taught you on this/these trip(s)?

Why do you want to go on this particular mission trip?

What do you think you can give to this trip?

What do you hope to receive from this trip?

What do you hope the students receive from this trip?

ADULT VOLUNTEER INFO & RELEASE

VOLUNTEER INFO

NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE (HOME): _____ (CELL): _____
EMAIL: _____
BIRTHDATE: _____

TRIP DRIVERS/VEHICLE OWNERS MUST PROVIDE THE FOLLOWING INFORMATION:

DRIVERS LICENSE #: _____
VEHICLE MAKE/MODEL: _____ TOTAL # PASSENGERS: _____
VEHICLE INSURANCE CARRIER: _____ POLICY #: _____ EXPIRATION: _____

EMERGENCY INFO

EMERGENCY CONTACT NAME: _____
EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT NAME: _____
EMERGENCY CONTACT PHONE: _____

RELEASE

RELEASE: I do release, acquit, discharge, and covenant to hold harmless the INDIANA CONFERENCE OF THE UNITED METHODIST CHURCH, its leaders, partners and any other associated churches/organizations of any and all actions, damages, or liabilities arising out of the treatment of any sickness, or accident incurred by me.

SIGNATURE OF PERSON ATTENDING (LEGAL AGE 18): _____
DATE: _____

PLEASE COMPLETE MEDICAL FORM ATTACHED

Medical Information (Adults and Minors)

Name of Participant: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy Number: _____ Plan Number: _____

Claim Office Telephone Number: _____

Claim Office Address: _____

Employer Name and Address: _____

Employer Telephone Number: _____

SPECIAL MEDICAL CONDITIONS such as Diabetes, Allergic Reactions,
Medications Currently using: _____

Doctor's Name: _____

Doctor's Telephone: _____

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> overall good health | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> chronic/recurring illness | <input type="checkbox"/> asthma |
| <input type="checkbox"/> current infectious disease | <input type="checkbox"/> high Blood Pressure |
| <input type="checkbox"/> allergies (drug, food, insect) | <input type="checkbox"/> respiratory Problems |
| <input type="checkbox"/> recent injuries | <input type="checkbox"/> recent surgeries |
| <input type="checkbox"/> cognitive/emotional conditions | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> behavioral conditions | |
| <input type="checkbox"/> health or physical conditions that make participation risky or difficult
(E.g. orthopedic problems, back or neck injury, hearing or vision limitations) | |

Explanation of conditions checked above:

Immunizations: Tetanus: _____ (year)

Note: Tetanus may be listed as DT or DTP on immunization record

Hepatitis B: _____ (not necessary for domestic trips)

Prescription medications: _____

Over-the-counter medications: _____

HIPPA regulations require us to have your permission before disclosing any health information you give us. If we feel that any of the physical/cognitive/ behavioral conditions you indicated on this form would be good for any team leader to know to help your child have a good week, may we disclose that information to them? Yes No

Parent/Guardian Signature

Date

MISSION TRIP CODE OF CONDUCT

As mission team member, you are expected to conduct yourself according to the highest standards of integrity and morality. Agreeing to serve on the mission team means that you are agreeing to adhere and abide by the guidelines, policies, and procedures. Failure to follow these regulations will result in your dismissal from the mission field, in which case you will travel home at your own expense. The following guidelines are meant to further the usefulness and safety of your mission trip. As mission team member you are expected to:

1. Go as a servant disciple of Jesus Christ and will adopt that attitude when dealing with fellow team members and the people you meet during the trip.
2. Accept and submit to the leadership role and authority of the team leader(s) and promise to abide by his or her decisions as they concern this mission trip.
3. Refrain from using tobacco, alcoholic beverages, or illegal drugs at any time during the mission trip, including adult only situations.
4. Adhere to the dress code established for the trip.
5. Make sure the group leader(s) knows where you are at all times. You should never wander off alone while on the trip.
6. Interact with all members of your team, not just those members that you are close friends with or knew before your trip.
7. Do not seek out romantic relationships with a team member, team leader, worker, or homeowner/job site resident, or any other person you might meet on the trip.
8. Refrain from any other behavior or activity that would hinder your ministry or the ministry of your team during the term of your service.

I have read and understand and agree to the above standards for conduct. I understand and agree that in the event that my conduct is considered so unsatisfactory that it jeopardizes the success of the trip, and that mediation during the trip has failed to correct my behavior, that my services with the mission shall end and I shall return home immediately at my own expense.

Date

Printed Name of Participant

Signature of Participant

If the participant is a minor (under the age of 18):

I am the parent/guardian of the above-named participant and I acknowledge the behavior expectations indicated above. I further acknowledge that in the event my child must return home due to unacceptable behavior, I am responsible for all travel costs incurred.

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian