

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 www.umvim.org

TEAM	MEMBER.	APPL]	ICATIO	N
C	Complete and return to:	TEAM LEA	ADER	

With \$ depos	sit payable to:
Legal Name (as it appears on passport):	□Male □ Female
	Date of Birth
Address	Phone Number
	Cell NumberEma
	Beneficiary Name
Local Church	Emergency Contact
Conference	Relationship to you
US Passport Number	Phone Number
Expiration date	Email Address
Pastor's Signature (Required)	
lodging, transportation, and to stay with the team the I agree to abstain from offensive habits while on the Christians in many countries). • Further, I herby release and discharge the mission of employees, and officers, from all claims, demands, have or claim to have, against the mission organizate for all personal injuries to personal property, real of service. I intend to be legally bound by this statemed. • I herby acknowledge that by engaging in this missiful addition to those risks which I normally face in my healthy hazards due to poor food and water, diseased local population; potential injury while working; are I agree to comply with S. C. Annual Conference Satthe validity, construction and interpretation of this Missioner Prowith the domestic laws of the state of Georgia, in which the UMVI In witness whereof, I have executed this agreement Signature:	er concerning our work and life together including daily assignments, for the duration of the trip. The mission. (The use of alcohol and tobacco is unacceptable for corganizations which assisted in these arrangements, their agents, actions, judgments, and executions which I ever had, or now have, or rections, their agents, employees, and officers, and their successors or assist repersonal, caused by, or arising out of, the above described mission cent. Ton, I am subjecting myself to certain risks voluntarily, including and in repersonal and business life, including but not limited to such things as eas, pests, and poor sanitation; potential danger from lack of control over an inadequate medical facilities, etc. The Sanctuary policy. For further guidelines go to: www.umvim.org Toffle and Release of Claim form shall be governed by and construed in accordation, SEJ office was incorporated and our insurer, the CMA Agency, Inc. is located and this release at: (City and State)
If under the age of 18: Parent's Signature	
Parent's Printed Name	

1. Why do you want to participate in this mission? 2. Team members are expected to prepare and lead at least one or two team devotions during the mission. Do you feel you can prepare for and carry out this commitment? 3. Team members may be asked to give a brief (2-3 minute) verbal witness during a church service of their commitment to follow Christ and of His impact on their lives. Do you feel certain that with God's help you will be able to make such a verbal witness to others? 4. Describe any previous mission team experience, both in the U.S. and overseas. 5. Describe any personal strengths that you will bring to the team? 6. This team may be different from most in that you may not know every team member. Our common ground is Jesus Christ, and our desire to serve Him. Do you believe you will be comfortable traveling and living with "strangers"? 7. Anything else you want to saythis is your spot! TO BE COMPLETED BY APPLICANT (please read carefully): • I understand that team members must be flexible, cooperative, and cheerful. • I understand that the cost per team member is equired when you sign up.		han accepted, your answers to these questions wil		vent that more applicants
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