



**Mt. Bethel United Methodist Church**  
**Missions Ministry**  
 4385 Lower Roswell Rd.  
 Marietta, GA 30068

Phone: (678) 560-7527  
 Fax: (770) 578-4473  
 mtbethel.org

## MISSION TEAM MEMBER PROFILE AND RELEASE OF CLAIM- Page 1

*Each mission team member must complete a Member Profile & Release of Claim Form and submit to Team Leader.  
 Team Leader must submit all team member forms either by email or hard copy to the above address  
 four to six weeks prior to mission trip.  
 Please print clearly.*

Country/Trip: \_\_\_\_\_ Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Team Leader Name \_\_\_\_\_ Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Team Member Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City State Zip Home Phone \_\_\_\_\_

e-mail \_\_\_\_\_ Fax \_\_\_\_\_

Occupation \_\_\_\_\_ Sex \_\_\_\_\_

Passport # \_\_\_\_\_ Passport Name: \_\_\_\_\_ Passport Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Where Passport Issued \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 (This is required for international medical insurance)

The following guidelines are recommended by Mt. Bethel United Methodist Church for all short-term mission trip team members. Volunteers in mission are not tourists; they go at the invitation of the host country as their guest. It is extremely important to be willing to adjust to the expectations of the host ministry. 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, and transport and to stay with the team from beginning to end.
- ❖ I agree that dress and jewelry should be modest at all times.
- ❖ I agree to abstain from offensive habits while on the mission. I will abstain from alcohol and tobacco use. (The use of alcohol and tobacco is unacceptable for Christians in many countries.)
- ❖ Further, I hereby release and discharge Mt. Bethel United Methodist Church, which assisted in these arrangements, their staff/employees, and officers, and their successors or assigns for all personal injuries to 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 acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, in addition to those risks which I normally face in my personal and/or business life, including but not limited to such things as health 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; travel; inadequate medical facilities, etc.

The validity, construction and interpretation of this MEMBER PROFILE AND RELEASE OF CLAIM form shall be governed by and construed in accordance with the domestic laws of the state of Georgia.

In witness whereof, I have executed this agreement and this release at \_\_\_\_\_  
 (city & state)

Signature of Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Required – No Exceptions - for youth under 18)**



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## MEDICAL & EMERGENCY INFORMATION - Page 2

**Country:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Dates of Trip:** \_\_\_\_\_

1) Have you had any major illness during the past year? Yes  No

If yes, please explain \_\_\_\_\_

2) Do you take medications regularly? Yes  No

If yes, please explain \_\_\_\_\_

3) Do you have any allergies? Yes  No

If yes, please explain \_\_\_\_\_

4) Is your Tetanus shot current? Yes  No

If no, when will you update it? \_\_\_\_\_

*(There may be additional vaccinations recommended, please check with CDC three to six months prior to travel date.)*

5) Have you been treated or hospitalized for a mental or emotional condition in the last 5 years? Yes  No

If yes, please explain \_\_\_\_\_

6) Do you have any physical limitations/disabilities? Yes  No

If yes, please explain \_\_\_\_\_

7) What is your blood type (if known) \_\_\_\_\_

8) Do you have medical insurance: Yes  No

Company \_\_\_\_\_

Policy # \_\_\_\_\_

9) Who should be contacted in case of emergency? \_\_\_\_\_

Relationship \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_

email \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Required – No Exceptions - for youth under 18)*



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**MEDICAL INFORMATION & RELEASE FORM - Page 3**

**Country:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Dates of Trip:** \_\_\_\_\_

I, \_\_\_\_\_  
 (participant)

authorize \_\_\_\_\_  
 (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: \_\_\_\_\_

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

**Physical disabilities and health problems / Indicate whether you have special needs regarding sleeping accommodations, meals, etc.** \_\_\_\_\_

**Sign this one page in presence of Notary Public:**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(Required - No Exceptions - 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 above and who executed the within instrument in my presence, and who acknowledged the same to be their free act and deed.

Notary Public \_\_\_\_\_ State of \_\_\_\_\_

Date \_\_\_\_\_ County of \_\_\_\_\_

(Affix Notary Seal)

My Commission Expires