Frazer Mission Trip Checklist

APPLICATION PACKET

**Submit a completed application packet and $250 deposit to the Missions Office.**

This includes the following items:

 FORM A – Application (completed and signed)

 FORM B – Team Covenant (signed)

 FORM C – Medical Information (completed and signed)

 FORM D – Medical Release Form (Notarized)

 FORM E – Liability Release Form (Notarized)

 FORM F – Death Notification (Notarized)

 FORM G – Background Check

 FORM H - Parental consent (Notarized)

 A **$250** deposit (nonrefundable\*; checks should be payable to **Frazer United Methodist Church**, with the **trip name or code** on the memo line). Information provided on the application is used to secure travel documents and provide assistances in case of emergency. Applications are shredded in the presents of a Notary once the trip is completed and settled.

 PASSPORT PHOTO PAGE – A clear photocopy of the photo page of your valid U.S. passport, which does not expire within six (6) months of the trip return date and has at least two (2) blank pages..

REQUIRED TRAINING **(Mandatory)**

 \_\_\_\_\_ Team training

 \_\_\_\_\_ Background check

 \_\_\_\_\_ Mission Trip Training and Commissioning

PAYMENTS

It is suggested that two months prior to the tripparticipants should submit 50% of the balance due for the trip with the remainder due 10 days before departure. All checks should be payable to **Frazer United Methodist Church** with the **trip name** on the memo line.

IMMUNIZATIONS

Complete immunizations as recommended for your destination. (See Medical Information Form for specific details.) Please consult with your personal physician and for more information check the CDC website: [www.cdc.gov](http://www.cdc.gov)

**Missions Office – ATTN: Rev. Brandon Dasinger**

Frazer United Methodist Church

6000 Atlanta Highway, Montgomery, AL 36117

334-272-8622, Fax 334-277-5999

bdasinger@frazerumc.org

**\*** Upon receiving the completed trip application, and prior to approving the application, Frazer United Methodist Church may review all pertinent information (including that provided by references) relating to the applicant’s interest in serving on a particular mission trip. Additionally, if the Frazer Mission Management Team has any questions regarding the applicant’s responses or physical ability to serve on a specific trip, a personal interview may be requested. Frazer Mission Management Team will make the final decision regarding an application, if there are any questions or concerns, and the decision is final.

Once an application has been accepted for a specific trip, the applicant will be notified of the acceptance promptly via letter, email or phone call. If, for any reason, an application is denied, the $250 deposit will be refunded in full. Acceptance of an application is **always** contingent on the applicant successfully passing the required background checks.

Upon completion of the training requirements, specifically Child Protection Training (Safe and Sacred Spaces), if a person is denied certification as a result of the background check a 100% refund will be made. All information provided on the application is used to secure travel documents and provide assistances in case of emergency. *all information related to these investigations and the results are kept confidential and applications are kept in a secured location. All applications are destroyed upon returned from trip once the trip logistics are finalized Applicants will not be notified of the reasons for denial.*

**If applicant cancels participation on a mission trip, the non-refundable $250 deposit plus all expenses and fees incurred will be forfeited.**

# Form A – MISSION TRIP APPLICATION

### **Frazer United Methodist Church**

####  6000 Atlanta Highway, Montgomery, AL 36117

#### 334-272-8622

#### Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM MUST BE COMPLETED IN FULL. PLEASE ANSWER ALL QUESTIONS.**

Title (Circle) Name

Mr. Mrs. Miss

Rev. Dr. Other: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last/Family First/Given Middle Initial

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (print plainly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current or last Employer (if student, name of school): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Passport (print clearly your name as shown exactly printed on your passport or passport application):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not a U.S. citizen, list citizenship country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country/State/City of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If married, spouse’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of Frazer United Methodist Church? How Long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and phone number of a church member who knows you well: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not a Frazer member, please list your church name, pastor, and name of a person who knows you well (include contact information):

In which ministry areas of the church have you served?

Please describe the extent of your Christian education, if any – i.e., Sunday School, Confirmation, Alpha, Disciple Bible, Spiritual Gifts, seminary, etc?

Why do you want to serve on this mission?

Describe your cross-cultural living, training and/or travel experiences? What did you learn? What types of difficulties did you experience?

Do you speak a language other than English? If so, please list:

List countries and dates of previous overseas volunteer experiences:

Please describe your strengths, your ministry gifts and skills:

Please describe areas in which you desire growth in your personal and spiritual life:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed application packet including:

* A color photocopy of the photo page of your valid U.S. passport, which does not expire within 6 months of the trip return date and has at least 2 blank pages.
* A $250 non-refundable deposit (checks should be payable to **Frazer United Methodist Church**, with the **trip name or code** on the memo line).

Return to: Missions Office – ATTN: Rev. Brandon Dasinger

**Frazer United Methodist Church**

**6000 Atlanta Highway, Montgomery, AL 36117**

# Form B – MISSION TEAM COVENANT

### **Frazer United Methodist Church**

####  6000 Atlanta Highway, Montgomery, AL 36117

#### 334-272-8622

#### Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As a member of this team I agree to:**

* Remember that I am representing Frazer United Methodist Church and, more importantly, Jesus Christ. I will seek to model Jesus in my behavior and attitude.
* Be in prayer for my teammates, team leaders and for those with whom we will be in contact.
* Remember that I am a guest visiting at the invitation of my hosts. I will respect their culture without judgment.
* Remember that I have come to learn as well as to share. I will resist the temptation to inform our hosts about “how we do things.” I’ll be open to learning about other people’s methods and ideas.
* Respect others’ view of Christianity in the context of their culture. I recognize that Christianity has many faces around the world, and that the purpose of this trip is to share the love of God and to experience faith lived out in a new setting.
* Dress modestly, and to only bring luggage and possessions that are determined by Frazer Mission Ministries to be appropriate for the service needs of the mission and the country’s culture.
* Develop and maintain a servant’s attitude toward all nationals and my teammates. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.
* Respect the thoughts and ideas of my hosts and team members. I will not dominate conversations or interrupt others when they speak, and will be patient and respectful of differing opinions.
* Respect my team leader(s) and respond positively to his/her decisions. If conflict arises, I will refer to the team guidelines for handling conflict.
* Refrain from criticism and gossip about our host(s) and my teammates.
* Refrain from complaining, as I recognize that travel can present unexpected and undesirable circumstances; instead of complaining, I will be flexible, constructive, and supportive.
* Remember not to be exclusive in my relationships and make every effort to interact with all team members.
* Refrain from any activity that could be construed as a special or romantic interest in a national or teammate.
* Abstain from the use, purchase and possession of alcoholic beverages, tobacco and illegal drugs from the beginning of the trip to the end, including at the departure airports and in route.
* Watch my language, refrain from discussing politics or other sensitive subjects, and avoid references to the military and to other religious groups or practices.
* Refrain from teaching or practicing any belief that is not supported by the United Methodist Church.
* Attend the mandatory Frazer Mission Training.
* Participate actively in meetings as well as in mission, through sharing opinions, assisting in finding alternatives when necessary, assuming responsibilities and honoring decisions.
* Keep confidential discussions and personal information shared among team members.
* Remember that I can be sent home if there is an irresolvable conflict or lack of adherence to this Covenant.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form C – MISSION TRIP MEDICAL INFORMATION

### **Frazer United Methodist Church**

####  6000 Atlanta Highway, Montgomery, AL 36117

#### 334-272-8622

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician/Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Physician/Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Contact and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplemental Health Insurance Co. (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Contact and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact in U.S.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following immunizations are required to be current:**

All Trips: Tetanus/pertussis

Please consult with your personal physician about all medications and immunizations. Other immunizations/medications may be recommended for the area where you will be traveling. Please check the CDC website [www.cdc.gov](http://www.cdc.gov) for information about immunizations and prophylactic medications specific to your destination.

Please check if you have any of the following medical conditions:

[ ] Allergies

[ ] Arthritis

[ ] Asthma

[ ] Bleeding Disorders

[ ] Chronic Anxiety

[ ] Depression

[ ] Diabetes

[ ] Dietary Restrictions

[ ] Fibromyalgia

[ ] Gastrointestinal disorders

[ ] Glaucoma

[ ] Hearing/vision problems

[ ] Heart Disease

[ ] Hypertension

[ ] Hypoglycemia

[ ] Migraines

[ ] Obesity

[ ] Physical Limitations

[ ] Seizures

[ ] Back or Neck Problems

[ ] Other

Is there anything the Team Leader or designated Medical Person needs to know about the above checked conditions in order to better assist in your comfort and care?

Medications/Prescriptions-Are you currently taking or do you regularly take any medications (including over-the-counter medicines)? If so, please list and explain the indication for each medication.

**Allergies-**Do you have any allergies to medications, foods, insects or other items? Please explain in detail. (

**General Health-**Do you have any physical/psychological conditions that could limit your ability to perform the ministry of this particular mission trip?

Your Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mission Trip Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form D **– MISSION TRIP MEDICAL RELEASE**

### **Frazer United Methodist Church**

####  6000 Atlanta Highway, Montgomery, AL 36117

#### 334-272-8622

#### Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Participant) (Trip Team Leader)

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 specific supervision and on the advise of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above.

*My medical information and history, including physician and insurance information, have been provided in the signed medical information form required in order to participate in this mission trip, which I confirm is accurate.*

**BLOOD TYPE**\_\_\_\_\_\_\_\_\_\_\_\_ **In the event of an emergency while you are traveling abroad would you:**

* Consent to a transfusion with blood/blood products available in the country

where you are traveling? YES\_\_\_\_ NO \_\_\_\_

* Consent to a transfusion with blood/blood products from a compatible donor

within your mission team if one exists? YES\_\_\_\_ NO \_\_\_\_

* Prefer that no blood/blood product transfusion be given to you under any

circumstances even life threatening conditions? YES\_\_\_\_ NO \_\_\_\_

* Be willing to donate blood/blood products for use by a team member if

your blood is found to be compatible? YES\_\_\_\_ NO \_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notarization of MEDICAL Release Form

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ (year), 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Form E—Liability Release**

### **Frazer United Methodist Church**

####  6000 Atlanta Highway, Montgomery, AL 36117

#### 334-272-8622

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned releases and agrees to hold harmless Frazer United Methodist Church,the General Board of Global Ministries of The United Methodist Church, The Volunteers in Mission Board of the Jurisdiction of the United Methodist Church, the Conference United Methodist Church Volunteers in Mission, the Volunteers in Mission Program of the Annual Conference of the United Methodist Church, and any related agency, conference, district, local church, mission team leadership, mission board, member, employee, or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual’s planned participation or involvement in the mission trip/project indicated above.

The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following:

Dangers resulting from air travel and disease; from civil insurrection or warfare of the kind seen in recent years; from post-warfare hazards such as landmines; from geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his or her heirs, representatives, and assignees.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Notarization of Liability Release Form

### State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ (year), 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form F **– MISSION TRIP NOTIFICATION OF DEATH**

### **Frazer United Methodist Church**

####  6000 Atlanta Highway, Montgomery, AL 36117

#### 334-272-8622

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 U.S. State Department/US Embassy, is to be instructed by the following:

1. Immediately contact the following family member:

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. My wishes are as follows:

\_\_\_\_\_ My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ All my valuables, money, and personal possessions are to be kept in the control of a 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.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Notarization of DEATH NOTIFICATION Form

### State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ (year), 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form G: BACKGROUND INVESTIGATION CONSENT**

### **Frazer United Methodist Church**

####  6000 Atlanta Highway, Montgomery, AL 36117

**334-272-8622**

(***All information must be provided***)

DEPARTMENT – **MISSIONS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Frazer Memorial UMC and/or its agents to make an independent investigation of my background, references, character, past employment, education, driving record, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications for working with children and youth now. I release Frazer Memorial UMC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

I understand that a background check is only valid for two years or less.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full Name (printed) (Maiden Name, if married less than 6 months and/or other Names Used)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Street Address How Long?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip Code Phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Social Security Number Driver’s License # State of License

CIRCLE ONE: EMPLOYEE or VOLUNTEER

Other than a minor traffic violation, have you ever been accused, arrested, convicted of or pled guilty/no contest to a criminal offense? Yes \_\_\_ No \_\_\_ If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Use back for additional comments)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**  **Date**

PLEASE LIST ALL HOME ADDRESSES FOR THE LAST SEVEN (7) YEARS

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Revised 1/8/13

Form H **– MISSION TRIP PARENTAL CONSENT FORM**

### **Frazer United Methodist Church**

####  6000 Atlanta Highway, Montgomery, AL 36117

#### 334-272-8622

#### Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, concert to allowing my minor child(ren) to travel out of the United States on a Frazer United Methodist Church mission trip on the dates and destination indicated

Name of chid(ren):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consenting Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature (Notarized): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notarization of Parent Consent Form**

### State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ (year), 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**