



Know Before You Go

UMCOR SAGER BROWN

UMCOR Sager Brown ■ 101 Sager Brown Rd Box 850 ■ Baldwin, LA 70514

FORMS

Effective September 9, 2007

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Overview of Required Application Forms

Team Application

This form is completed by the team leader and, along with the team processing fee, is the first form submitted to Sager Brown by the team leader. It provides UMCOR Sager Brown with team information and, in conjunction with the processing fee, secures and confirms the team reservation. **The TEAM APPLICATION FORM and the total processing fee must be submitted within four weeks of making the initial “penciled in” reservation.**

Team Roster

This form is completed by the team leader and contains all the critical information required to set up and execute each team’s mission experience. Accuracy and neatness count! Please use extreme care when completing the form to insure accuracy for name badges, certificates, room tags, and meal information for the kitchen. Special needs and concerns should include any individual volunteer’s dietary or health conditions.

Mission Team Special Skills Summary

This form is completed by the **team leader** and is designed to provide UMCOR Sager Brown with a list of specific team members that possess special skills or talents that could be utilized for our various special and ongoing needs.

Volunteer Medical Release

Each team member must complete a medical release form (parent/guardian signature) is required for everyone under age 19. It is advised that team members not normally carrying a medical insurance card bring a copy with them. Some area hospitals and doctors require proof of insurance before treatment.

If you have not had a **tetanus shot** in the last few years, we recommend having one prior to your arrival.

If anyone in your group has unusual or significant medical problems be sure the problem is listed on the VOLUNTEER MEDICAL RELEASE FORM and the TEAM ROSTER FORM. Advise the Volunteer Coordinator personally of the condition.

Persons must provide their own health and accident insurance covering their trip to and from UMCOR Sager Brown, as well as while they are here.

Liability Release for Team Leader

This form is completed by the **team leader** and constitutes an understanding of the working relationship as a volunteer and team leader with UMCOR Sager Brown. It sets out particular responsibilities assumed by the team leader and holds UMCOR Sager Brown harmless from any liabilities concerned with the mission trip.

Liability Release for Short Term Volunteer

This form is completed by **each team member** and constitutes an understanding of your working relationship as a short term volunteer with UMCOR Sager Brown. It sets out particular responsibilities assumed by the short term volunteer and holds UMCOR Sager Brown harmless from any liabilities concerned with the mission trip.

Youth Team Policy and Covenant

This form is only for **team members under the age of 19**. Each youth under the age of 19 and their team leader must read and sign this policy attesting agreement to its contents.

Team Bill

This document is completed by the **team leader** and is utilized to calculate the mission team's charges for the mission trip.

Optional UMVIM Accident Insurance

This form is for supplemental accident insurance while on a United Methodist Volunteers in Mission (VIM) trip and is available directly from the General Board of Global Ministries. If interested, please read the directions on the form.

Payment for this insurance *goes directly to GBGM in New York* and not to UMCOR Sager Brown.

TEAM APPLICATION
UMCOR SAGER BROWN MISSION TRIP

Leader's Name _____

Address _____
Street City State Zip

Daytime Phone _____ E-Mail Address _____

Evening Phone _____ Fax _____ Cell _____

Church Name _____ Church Phone _____

Church Address _____
Street City State Zip

Pastor's Name _____

Conference Name _____ Jurisdiction _____ District _____
(All correspondence will go to the leader's address unless otherwise noted.)

Reservations are accepted only if accompanied by the PROCESSING FEE. A NONREFUNDABLE, NONTRANSFERABLE processing fee of \$20.00 per team member is required for each reservation. Processing fees are separate from costs for meals and lodging and cannot be used as partial payments for costs incurred. Reservations cannot be confirmed and space cannot be held unless processing fees are received at the time of the application.

TEAM SIZE _____ (TOTAL NUMBER OF VOLUNTEERS INCLUDING LEADERS)

Estimate the number of people who will participate on the team. Use this number to calculate the total processing fee required (\$20.00 per person). The estimated number for your team is used by UMCOR Sager Brown in determining the number of additional teams that can be accepted during the same time.

THE ENCLOSED APPLICATION FEE COVERS THE FOLLOWING PERSONS:

Adults (19 years and older) _____ (Total Number) Male _____ Female _____

Youth Senior High _____ (Total Number) Male _____ Female _____

One adult must accompany every five senior high youth age 15-18.*

Junior High _____ (Total Number) Male _____ Female _____

One adult must accompany every three junior high youth age 12-14.*

Children _____ (Total Number) age range _____

One adult must accompany every youth under 12 years of age.*

Adults must provide 24 hour supervision of youth teams.

*A minimum of 2 female supervisors and 2 male supervisors must accompany each and every youth group regardless of size and more as required by the ratio.

(Rev. 6/07)

MISSION TEAM ROSTER

Name of Church	Team Total #	Male #	Female #
Team Leader	Day Phone #	Cell Phone #	
Church Address	City	State	Zip
Date/Time of Arrival at Sager Brown	Departure Date/Time		

Full Name For Name Tag—Please Print!	Age	M/F	Home Mailing Address/City	ST	Zip	Special Needs/ Concerns	Releases		Youth Covenant	Meals Yes/ No
							Medical	Liability		

Please make as many copies as necessary

MEDICAL RELEASE FORM

Name			Age
Address			Home Phone ()
City	State	Zip	Work Phone ()
Email			

Doctor's Name			Doctor's Phone ()
Address			
City	State	Zip	
Current Medication			
Allergies (<i>Example: Foods? Medications? Bee/Wasp Stings?</i>)			

Medical Insurance Co			Phone ()	
Insurance Agent			Policy #	
Address		City	State	Zip
<i>Please attach copy of insurance card to this release form.</i>				

Signed: _____ Date: _____

Complete only if team member is under age 19

<input type="checkbox"/> Parent <input type="checkbox"/> Guardian		Phone ()		
Address		City	State	Zip
I hereby give my permission for _____ to be treated by competent medical personnel as a result of any accident or medical emergency while involved on the UMCOR Sager Brown mission trip.				
Signature			Date	
Print Name			Relationship to Youth	

LIABILITY RELEASE FOR TEAM LEADER

The following statement(s) constitute an understanding of your working relationship as a Volunteer with UMCOR Sager Brown. Please read carefully, and sign as appropriate.

I, _____, acknowledge that I am choosing to travel to, be accommodated at, and/or perform volunteer labor for UMCOR Sager Brown of my own free will; and that I will adhere to the rules, regulations, policies and procedures of this organization, and will ensure compliance by my entire team, to the best of my ability. I understand that travel to and from this location involves a certain amount of risk, which I willingly assume on my own behalf and for the group I represent.

While much of what is done at UMCOR Sager Brown is relatively safe and non-strenuous, some tasks performed by volunteers may involve physical labor, heavy lifting, or other strenuous activity. If, when I or members of my group agree to work on construction or maintenance projects, on-campus or off, I am aware that some activities may take place on ladders and building structures above ground. By agreeing to perform such tasks myself, or allowing members of my group to perform them, I certify that I am, and to the best of my knowledge those participating in this manner are in good health and physically able to perform this type of work.

In the event of minors in my group, I certify that I have the appropriate parental release forms necessary to allow me to act on their behalf and, by my signature of this agreement, certify that those in my care will be bound by these same terms and conditions. I understand that it is my responsibility, and not that of UMCOR Sager Brown to verify these items are accurate.

In the event that UMCOR Sager Brown provides living accommodations, I understand that the organization is not responsible or liable for my personal effects and property and will not be responsible for the security of any item. I agree to hold UMCOR Sager Brown harmless in the event of theft or loss resulting from any source or cause.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold UMCOR Sager Brown, its parent agencies, as well as its officers, agents, volunteers and employees, from any and all causes of action arising from my participation in its mission and ministries, and travel or lodging associated therewith.

Signature _____ Date _____

LIABILITY RELEASE FORM FOR SHORT TERM VOLUNTEER

Make additional copies for each participant as necessary

The following statement(s) constitute an understanding of your working relationship as a Volunteer with UMCOR Sager Brown. Please read carefully, and sign as appropriate.

I, _____, acknowledge that I am choosing to travel to, be accommodated at, and/or perform volunteer labor for UMCOR Sager Brown of my own free will; and that I will adhere to the rules, regulations, policies and procedures of this organization, and will ensure compliance by my entire team, to the best of my ability. I understand that travel to and from this location involves a certain amount of risk, which I willingly assume.

While much of what is done at UMCOR Sager Brown is relatively safe and non-strenuous, some tasks performed by volunteers may involve physical labor, heavy lifting, or other strenuous activity. If, when I or members of my group agree to work on construction or maintenance projects, on-campus or off, I am aware that some activities may take place on ladders and building structures above ground. By agreeing to perform such tasks myself, I certify that I am, and to the best of my knowledge those participating in this manner are in good health and physically able to perform this type of work. I acknowledge that I am engaging in this project at my own risk, and willingly assume all responsibility for any damage and/or injury to myself and my personal property, which I may sustain while involved in this project, as well as any related medical costs or expenses.

In the event that UMCOR Sager Brown provides living accommodations, I understand that the organization is not responsible or liable for my personal effects and property and will not be responsible for the security of any item. I agree to hold UMCOR Sager Brown harmless in the event of theft or loss resulting from any source or cause.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold UMCOR Sager Brown, its parent agencies, as well as its officers, agents, volunteers and employees, from any and all causes of action arising from my participation in its mission and ministries, and travel or lodging associated therewith.

Signature _____ **Date:** _____

***Parent or Guardian:** _____ **Phone:** _____

*Parent/guardian's signature is required on this form if participant is under 19 years of age.

YOUTH TEAM POLICY AND COVENANT FOR VOLUNTEERS UNDER AGE 19

Team leaders and adult chaperones are responsible for their youth at all times.

There must be at least one adult per three middle school youth or one adult per five high school youth at all times, i.e. on work sites, in the dorms, in the gym.

Clothing

We are here to fellowship and work. Clothing should not detract from those purposes. We encourage the use of old clothes and shoes that can get dirty or paint on them. If a youth or adult wears clothing deemed to be inappropriate (revealing tops, shirts, blouses, shorts, pants, skirts or dresses or slogans or words with a non-Christian message), they will be asked to change clothes into something more appropriate.

Controlled Substances

Use of any alcohol, tobacco, or drugs (except for prescribed medical purposes) will not be tolerated. All prescribed medications brought on campus must be in their original containers. Each team will have a designated adult chaperone keep possession of and be responsible for the distribution of prescription medications for youth 18 years and younger.

Physical Contact

Physical contact between youth and/or adults on the UMCOR Sager Brown campus or work sites will be limited to holding hands, touching the head or shoulders and/or a side-on hug of the shoulders. Further public displays of affection or acts of bullying or intimidation will not be tolerated. UMCOR Sager Brown has a Safe Sanctuary Policy and all volunteers will receive training.

Sleeping / Visiting

Youth are allowed only in their assigned sleeping room. Visiting with others should take place in the lounges, Susanna Wesley room, gym, screened porch or outside.

Quiet Times

In order for everyone to work and fellowship at their best, quiet times of 10:00 p.m. to 6:00 a.m. and lights out at 11:00 p.m. will be strictly enforced. All team members are to be in their assigned sleeping room by 11:00 p.m.

Youth teams may be sent home at the discretion of the Executive Director for violations of the above guidelines.

Youth Team Member's Covenant

As a participant of a mission team at UMCOR Sager Brown, I, the undersigned, will cooperate with the leaders of my team and UMCOR Sager Brown. I will involve myself with the activities offered. I will not bring any type of weapon(s), or use any alcohol, tobacco, or drugs (except for prescribed medical purposes). I will act and speak in a way consistent with Christian values.

Youth Team Member's Signature _____ Date _____

I have read the above and agree to abide by UMCOR Sager Brown Youth Team Policy.

Team Leader Signature _____ Date _____



Mission Volunteers Office
475 Riverside Dr., Suite 330
New York, NY 10115
Tel (212) 870-3825
Website: http://missionvolunteers.org

UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION

Please print legibly in black or blue ink, and sign the Release of Liability. Couples must fill out separate forms. Reproduce as needed.

Rev./ Dr./ Mr./ Mrs./ Ms. First Name Middle Initial Last Name

Birth date (month/day/year) Member Church (Name & City)

Home Street Address (including apartment #), or PO Box

City, State & Zip Code (+ additional 4 digit zip code if known)

Phone # () E-mail address

Beneficiary: []Estate/My Will []Name Relationship to you

Date of Departure (month/day/year) Date of Return (month /day/year)

Sponsoring organization (e.g.local church, Conf.) UMVIM project name

Type of team: Medical Construction Other (specify):

Destination (if in the U.S., city & state; if abroad, name of country)

Team Leader / Coordinator 1 2

These are legal statements, and you may wish to review them with an attorney:

RELEASE OF LIABILITY (this must be signed BY APPLICANT for application to be valid & for applicant to receive insurance coverage)

I understand that the General Board of Global Ministries of The United Methodist Church assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while I am serving as a United Methodist Volunteer in Mission, and I, my heirs, personal representatives and assigns, hereby absolve the General Board of Global Ministries of The United Methodist Church and hold it harmless from any claim or demand which I, my heirs, personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

Signed Date (If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required)

Witnessed by Date

PRIVACY RIGHTS

By my signature below, I consent to the recording and use of the personal data I am providing for the Mission Volunteers Database (MVDB), utilized by designated, password-authorized persons in GBGM, UM Committee on Relief (UMCOR), UM Volunteers In Mission (UMVIM), and MV programs. A voluntary service, the MVDB provides information for volunteer recruitment, placement, and communication, as well as insurance and statistical record-keeping. I may obtain a copy of and/or request the deletion of my data by contacting GBGM by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release GBGM and all MVDB-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information. For complete details regarding MVDB policies, please consult http://gbgm-umc.org/vim/mvdb/policy.htm.

Signed Date (If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required)

NOTES: 1) This insurance policy is for participants in UMVIM work projects which are either listed in the Jurisdictional & Mission Volunteers websites (see http://gbgm-umc.org/vim/umvimmap.htm), Advance specials, or involve working with GBGM missionaries. 2) We try to accommodate applications up to the last minute, but please try to mail them 1 month before departure, in 1 batch (not separately), & pay with 1 check (not separate checks). Check should accompany applications. 3) Attach cover sheet stating a) team leader's or coordinator's name, address, phone, & email, b) destination, c) names & # of persons per each distinct set of dates of coverage (i.e. having same dates of departure AND return), as letter of coverage is drawn up per # of persons with same dates. 4) Make check payable to: General Board of Global Ministries, at \$.75 per person per day, including days of departure & return (in subtracting departure from return date, add 1 to the difference to get correct # of days). 5) NO cancellations. 6) Don't fax applications. 7) Address envelope to: Mission Volunteers, Room 330, 475 Riverside Dr., New York NY 10115. 8) Team leader/coordinator will be sent a copy of our letter to insurance company for team coverage. (7/12/07)

Accident Insurance Policy
Issued to the Mission Volunteers Program Area
By the Federal Insurance Company of the Chubb Group
For Participants in United Methodist Volunteers in Mission (UMVIM) Projects

Note: There is a deductible of \$250. This insurance policy is intended for those working in UMVIM projects, including travel to and from. UMVIM projects are defined as those projects which are either listed in the Jurisdictional & Mission Volunteers websites (see <http://gbgm-umc.org/vim/umvimmap.htm>), Advance specials, or involve working with GBGM missionaries. It is not intended for language study (except when required by the Individual Volunteer program) or non-work trips.

Cost of Coverage:

BEGINNING JANUARY 1, 2005, THE COST OF COVERAGE IS \$0.75 PER PERSON PER DAY, INCLUDING DAY OF DEPARTURE AND DAY OF RETURN.

Outline of Coverage:

Medical expenses for an injury due to an accident: If an accidental bodily injury results in an insured person requiring medical care and treatment, the policy will pay the reasonable and customary medical expenses of medically necessary medical services up to \$10,000, subject to a deductible of \$250. Medical services means the costs for medically necessary treatment by a physician or dentist, hospital room & board, use of an ambulance, drugs, medicines, diagnostic tests & x-rays, treatment performed by licensed medical professional (if hospitalization would have otherwise been required), rental of durable medical equipment like wheel chairs or hospital beds, prosthetic appliances, orthopedic appliances or braces. It does not apply to charges for which the Insured Person has no obligation to pay, eyeglasses, other vision & hearing aids, and artificial limbs.

Accidental death and dismemberment benefit: If accidental bodily injury causes the following losses w/i one year of the date of the accident which are not otherwise excluded, the policy will pay indicated percent of the principal sum of \$60,000 for: loss of life, 100%; loss of speech & hearing, 100%; loss of speech & one of: hand, foot or sight of an eye, 100%; loss of hearing & one of: hand, foot or sight of an eye, 100%; loss of both hands, both feet, sight of both eyes or a combination of any two of a hand, a foot, or sight of an eye, 100%; loss of one hand, one foot, or sight of an eye, 50%; loss of speech or hearing, 50%; loss of thumb & index finger of same hand, 25%.

Medical evacuation & repatriation: If accidental bodily injury, disease or illness causes an insured person to require a physician-ordered medical evacuation and/or repatriation, the policy will pay for covered expenses incurred up to maximum amount of \$100,000. The assistance services administrator, Medex Assistance Co., must approve evacuation/repatriation. Covered expenses include costs for evacuation, transportation, medical supplies & services, but not expenses incurred if travel is against advice of a physician, for the purpose of obtaining medical treatment or due to normal pregnancy or resulting child birth. Medex operates a 24-hour toll-free emergency telephone assistance service. To access emergency assistance services while traveling, please call one of the following emergency tel. #: 1-800-527-0218 from w/i US, Canada, Puerto Rico or US Virgin Islands, or 410-453-6330 collect from anywhere else in the world. Maximum limit of insurance/aggregate: \$500,000 per accident.

Exclusions: These include loss occurring while insured is in, entering or exiting any aircraft owned, leased or operated by his or her employer or on behalf of employer; loss occurring while insured is in any aircraft while acting or training as a pilot or crew member (this does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency); loss caused by or resulting from insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions (this does not apply to loss resulting from bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria); loss resulting from suicide, attempted suicide or loss intentionally self-inflicted; loss caused by or resulting from declared or undeclared war, but war does not include acts of terrorism; loss while insured is participating in military action with Armed Forces of any country or established international authority.

TEAM BILL

Leader's Name		Email Address
Phone ▶ Day:	▶ Evening:	▶ Cell:
Fax	Church Name	Church Phone
Church Address(Street, City, State, Zip)		
Total Team Members:	Arrival Date	Departure Date

Processing Fee: Total Team Members _____ x \$20/each = _____

This Portion of the Team Bill to be completed by UMCOR Sager Brown and returned to the Team leader as a processing fee receipt and invoice for remaining charges.

Date processing fee received _____

Lodging	Number	Total
Zook/Lodge	x \$100/bed	\$
RV Space	x \$100/space	\$
Peck Apts	x \$300/apt	\$
Additional Cost	_____ x \$ _____	\$
	_____ x \$ _____	\$
	_____ x \$ _____	\$
Meals	x \$ 85 / each	\$
	Total Lodging/Meals	\$
	Donation	\$
	Grand Total	\$

Half of total amount due 8 weeks prior to arrival date and balance due on arrival

Date Due	Amount \$	Balance \$
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NOTE: Lodging: (5 nights) Sun – Thurs. Check out time is Friday noon.
 Meals: Mon – Fri (no evening meal Wed. or Fri.)