

Know Before You Go

U M C O R S A G E R B R O W N

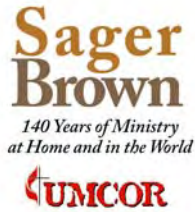
UMCOR Sager Brown ■ 101 Sager Brown Rd Box 850 ■ Baldwin, LA 70514



C O N T E N T S

Effective March, 2009

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Dear Friend of UMCOR Sager Brown,

Greetings! We are excited to report the number of short term volunteers coming to UMCOR Sager Brown has tripled over the past three years. Most weeks we are operating at capacity. We rejoice in this blessing, but recognize that in order to continue to provide a true mission experience we must find ways to improve our volunteer services.

To this end, we will be changing our reservation and billing systems effective September 9, 2007, from an individualistic approach for room and meals to a 5 night mission experience with or without meals. This revised system will better align UMCOR Sager Brown mission work with current worldwide Volunteers in Mission practices and will continue to allow us to offer our mission teams our best level of service.

An UMCOR Sager Brown mission experience will begin Sunday evening with a general orientation meeting at 6 p.m. and end with check-out of rooms by Friday noon. Only in *extreme* circumstances will this schedule be revised on a team by team basis. Breakfast and lunch will be served Monday thru Friday. Dinner will be served every evening except Wednesday and Friday.

The team leader is responsible for all billing issues for the mission team. Once the team leader and the UMCOR Sager Brown Volunteer Coordinator agree on a date and the team count, the leader is responsible for sending UMCOR Sager Brown the total processing fee to secure the desired dates. A non-refundable processing fee is required to confirm an initial reservation for each volunteer of a mission team. *The processing fee is a stand-alone charge and will not be deducted from the room and board portion of the team's bill.*

Eight weeks prior to arrival one half of the team's total bill must be paid with one check or cash. This is to insure sincere commitment by the team and allow our staff to better prepare for a team's arrival and mission experience. The remaining one half of the total bill will be due upon arrival, to be paid by the team leader with one check or cash. We do not accept credit or check card payment. Checks are to be made payable to UMCOR Sager Brown. Payments from individual team members will not be accepted.

The new rates for our billing system and all the details and forms you need for a rewarding mission experience are contained in this booklet, "Know Before You Go." UMCOR Sager Brown is confident these adjustments will streamline our volunteer team management capabilities and allow us more time to focus on creating for our mission teams a true mission experience. We look forward to your future mission trips with us.

Agape,

Kathy Kraiza
Executive Director

Dianna Dudleson
Volunteer Program Manager

Introduction

Exciting things are happening at UMCOR Sager Brown. We have a rich history of serving others in times of distress. We hope you'll want to come and be a part of the special place called Sager Brown. We deeply appreciate your interest in our mission programs. You may work in our 48,000 sq. ft. depot, receiving, sorting, packing, and shipping supplies for disaster relief around the world or part of a community project, such as housing rehabilitation. Or you may be doing maintenance on our campus, or serving in the sewing room, or just helping as you are able. Your individual spiritual gifts and talents will be coordinated with our ever-changing weekly needs.

We are eager to welcome you and add your name to a long list of missionaries who care enough to put their faith in action. The work, enthusiasm, and love shared during the mission experience will have a profound effect on the lives of the participants; and without a doubt volunteers will grow in their Christian love and experience spiritual enrichment.

The UMCOR Sager Brown programs are set up for teams or individuals for short-term or one-day mission experiences. Volunteer mission teams stay in a climate-controlled dormitory environment, with centrally located bathroom and shower facilities. Twelve RV hook-ups, laundry facilities, meeting rooms, and a stand-alone kitchen are also available.

Volunteers interested in serving UMCOR Sager Brown for an extended term can apply for long term volunteer (LTV) opportunities. Lengths of service range from two months to several months, depending on needs. Anyone interested in being a LTV may contact the Director of Volunteer Services at UMCOR Sager Brown for details. Room and board are provided to LTVs.

UMCOR Sager Brown is a drug and smoke-free campus. Safe Sanctuary training is a requirement for all staff, long term volunteers, and short term volunteers.

A Short History of UMCOR Sager Brown

UMCOR Sager Brown has its origins in New Orleans. In 1867 a group of women in New Orleans formed the Orphan's Home Society Corporation. This was a means of raising money to provide a home for African American boys who had been orphaned by the Civil War. It was funded primarily by the Freedman's Aid Society, a predecessor to the Black College Fund of the United Methodist Church, and John Baldwin, a plantation owner in St. Mary Parish, La.

Very early in the life of the orphanage, a large monetary gift of William Gilbert of Winsted, Conn., allowed a school for African Americans to be built with Dr. W. D. Godman as director. The institution was named the Orphans Home and the Gilbert Academy and Industrial School. Eventually, Gilbert Academy was moved to New Orleans near Dillard University and became a preparatory school. The school in Baldwin, grades one through eight, then became known as Godman Industrial School. Godman and his

wife directed the school and the orphanage and were also responsible for building a Methodist Church on the property.

In the early 1900s, the Orphan's Home and Godman Industrial School were in dire financial straits. Dr. and Mrs. Godman took the student choir, the Jubilee Singers, on a tour of the northeastern United States to raise money. Mrs. Addie Sager and Mrs. C. W. Brown became familiar with the plight of the organization through a concert given for the North Central New York Methodist Conference. Sager and Brown purchased the school and gave it to the Women's Home Mission Society, a forerunner of the Women's Division of the UMC, to operate. The institution was known as Sager Brown Home and Godman School until 1978. That year, the home and school closed, and the property was put up for sale. Twenty-eight acres and 10 brick buildings on beautiful Bayou Teche were for sale for \$100,000-but, there were no buyers. The property sat vacant for fourteen years!

In 1992, Hurricane Andrew hit the coast of south Louisiana causing major damage to the area around Baldwin. UMCOR came to the area with volunteers and supplies and used the old Sager Brown campus to stage their operations. After two years, UMCOR determined that the Sager Brown campus would be an excellent location to build an UMCOR depot from which disaster relief could be collected and provided to the world. The depot opened in 1996.

Many see the hand of God prominent in the events that formed the history of the Orphan's Home Society. It was preserved through hardship and changes until it could again be a healing ministry to those in need. The road beside the UMCOR Sager Brown campus is still today called, "Orphan's Home Road"; the property continues to be owned by the Women's Division of the UMC and the site is a significant piece of Black history.

The campus today is a living, working monument to over a century of United Methodist mission. UMCOR is a leader in service for the UMC to those who are hungry, displaced, sick or in poverty because of natural or human-made disasters. UMCOR serves in 81 countries of the world. Each year more than 3,000 volunteers come to USB to work in the UMCOR Depot or in service to the community of Baldwin, La., to help make a difference for people who are suffering.

If you are at all interested in participating and adding your name to an ever growing list of "Missionaries" dedicated to making a difference in this world, read on, and if you feel the call, join us, we would be thrilled to include you as a part of our ever growing history.

Leadership Responsibilities

UMCOR Sager Brown programs welcome teams of all ages, backgrounds, and size. We serve ecumenical intergenerational groups, youth fellowships, college students, adult groups, and church, district and conference teams.

Due to the nature of the work at UMCOR Sager Brown, one adult (at least 21 years old) must accompany every three junior high/middle school youth (12-15 years old.) The ratio for senior high youth is one adult for every five youth (ages 16-18).

Youth groups should be limited to 25 members. Adults must provide 24 hour supervision of youth teams. In family groups, it is the responsibility of the parents to provide 24-hour supervision of children and youth. Team leaders are responsible for any disciplinary action needed.

Costs

UMCOR Sager Brown offers a one-week mission experience beginning Sunday evening and ending Friday afternoon. The arrival and departure schedule is necessary to accommodate staff schedules, work assignments and housekeeping. Only under *emergency* conditions will this rule be violated.

Breakfast, lunch, and dinner will be served Monday thru Friday except Wednesday and Friday, when there is no evening meal. Each volunteer can elect to eat all meals or no meals.

A nonrefundable, processing fee is required for each volunteer to secure the initial reservation. Until the processing fee is received, there is no guarantee of the team's securing their desired date. A reservation without the processing fee is considered as "penciled in" and is subject to cancellation should another team with their fee desire the same date.

Important Note The processing fee is a standalone charge and will not be deducted from the room and board portion of the team's bill. The processing fee must be paid within four weeks from time of making the "penciled in" reservation; failure to do so will result in cancellation of the "penciled in" reservation.

Billing Process

- The team leader is responsible for all billing issues for the team members. Once the team leader and the UMCOR Sager Brown Volunteer Program Manager agree on a date and the team count, the leader must send Sager Brown the total processing fee *within four weeks* to secure the desired dates.
- Eight weeks prior to arrival, one half of the team's total bill must be paid with one check. All team cancellations or additions **MUST** be made prior to the half payment due date. This payment is based on the number of volunteers booked and is a non refundable payment. This is to insure sincere commitment by the team and allow us to better pre plan your arrival and experience.
- The remaining one half of the total bill will be due on arrival, to be paid by the team leader on Monday, to the Volunteer Program Manager. We take only cash or checks, and checks are to be made payable to UMCOR Sager Brown.
- The team leader will pay the teams account with one payment; payments from individual team members will not be accepted.

All Rates
Effective
September 9,
2007

Processing Fee

\$20.00 per person for the processing fee

Food Services

Each volunteer can elect to eat all meals or no meals. Three meals per day are served in the cafeteria Monday through Friday, except Wednesdays and Fridays, when only breakfast and lunch are available. There is no meal service on Saturday or Sunday.

Cost: \$85.00 for all meals Monday-Friday (no dinner on Wed. and Fri.)

Sleeping Facilities

Facility	Description	Rates
Zook Hall	The main dormitory containing 65 beds. Towels and linens are provided.	\$100.00 per person for 5 nights (Sun.-Thurs.) for any bed
The Lodge	A self-contained dormitory facility that sleeps up to 16 people. Towels and linens are provided.	\$300.00 per Peck Apartment for 5 nights (Sun-Thurs.)
RV Facility	Contains 12 full service RV slots with a bathhouse and laundry.	\$100.00 per RV space for 5 nights (Sun.-Thurs.)

Donations

Because of UMCOR Sager Brown's limited resources, it is helpful for teams to consider monetary donations for community project materials (perhaps \$50 per volunteer) and/or kit resources (perhaps 5-10 kits per volunteer) for processing in the Depot.

Donated kits and kit components are the lifeblood of UMCOR Sager Brown. Any additional kit donations from individuals, your church, or your conference are always greatly valued.

Churches outside our boundaries learn about us from our vast roster of short term volunteers. Any awareness generated for UMCOR Sager Brown at the local church level is greatly appreciated.

Mission Trip Overview

The mission experience covers five days and five nights, commencing on Sunday evening and ending Friday afternoon. Volunteer hours at UMCOR Sager Brown are from 8:00 a.m. to 3:30 p.m., breaking for lunch between 11:30 a.m.-1:00 p.m.. On Friday, work in the Depot ends at 3:00 p.m.

If teams decide to do some sight seeing and touring of the area, we recommend that it be done on Wednesday afternoon. This is consistent with no meals being served on Wednesday evening. **Work is always available on Wednesday afternoon should you wish to continue working.**

Each Thursday night UMCOR Sager Brown holds a vesper service in the chapel. The service is planned by volunteers and designed to utilize the talents of all team groups.

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 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 Volunteer Program Manager and is the receipt for the process fee 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.

Time Schedule for Planning a Mission Trip

Making a Reservation

Once you decide to volunteer at UMCOR Sager Brown, determine your team size and select several desired dates for the trip.

Contact the UMCOR Sager Brown Volunteer Program Manager at 337-923-6238, extension 202, or volunteers@sagerbrown.org to discuss team size and timing. Decide on a date and request the reservation be "penciled in." The reservation will not be confirmed until the processing fee is received.

Once the reservation is "penciled in" immediately mail in the PROCESSING FEE of \$20 per team member and the TEAM APPLICATION FORM*, thus eliminating the risk of losing your non-confirmed reservation to another team. When the correct processing fee and team application form is received at UMCOR Sager Brown, the Volunteer Program Manager will mail you a receipt. This is your confirmation and your team bill.

The processing fee must be received within four weeks of making the “penciled in reservation” or your “penciled in” reservation will be cancelled.

* This form is available online at sagerbrown.org under “FORMS NEEDED FOR UMCOR SAGER BROWN MISSION TRIP”.

Eight Weeks Before Arrival Date

The team leader will mail all team paperwork including one half of the total team bill.

Required Paperwork

These forms are available at sagerbrown.org under “FORMS NEEDED FOR UMCOR SAGER BROWN MISSION TRIP.”

1. Mission Team Roster (1)
2. Mission Team Special Skills Summary (1)
3. Medical Release (# team volunteers)
4. Liability Release for Team Leader (1)
5. Liability Release for Short Term Volunteers (# team members)
6. Youth Team Covenant (# youth team members)
7. Team Bill (1)

Arrival at UMCOR Sager Brown

Your team mission experience commences Sunday afternoon. Teams must check in between 3 p.m. and 5 p.m. and attend a 6:00 p.m. general meeting. Many important topics are covered concerning living and work assignment details. *Please eat prior to or after the meeting.* Restaurant eating in the Baldwin area on Sunday evenings is limited to fast foods.

Upon arrival, go to Zook Hall and register with the Host/Hostess on duty. All needed information and name tags will be given to you at this time. All further instructions and information will be passed out or verbalized on an ongoing basis throughout the week.

UMCOR Sager Brown Directory

Mailing Address

UMCOR Sager Brown, Box 850, Baldwin, LA 70514

Phone	Email	Fax
Main Site 337-923-6238		337-923-4849
337-923-6238 ext 216	Executive Director director@sagerbrown.org	
337-923-6238 ext 202	Volunteer Program Manager volunteers@sagerbrown.org	
337-923-6238 ext 252	Director of Volunteer Services programmanager@sagerbrown.org	
337-923-6238 ext253	Facilities Manager facilities@sagerbrown.org	
337-923-6238 ext 204	Director of Outreach Ministries outreach@sagerbrown.org	
337-923-2027	Director of Depot Operations gdruilhet@sagerbrown.org	337-923-2032
337-578-2827	Volunteer Services Cell	
337-578-2827 337-578-0156 337-924-9600	Emergency	

MEDICAL RELEASE FORM

Name			Age	M or F
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

Parent or Guardian _____ Phone _____

Address _____
Street 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

Mail to P.O. Box 850, Baldwin, La, 70514

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. All team cancellations or additions MUST be made prior to the half payment due date. This payment is based on the number of volunteers booked and is a non refundable payment.

Date Due _____ Amount \$ _____ Balance \$ _____

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