



United Methodist Volunteers in Mission  
Southeastern Jurisdiction  
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## USA MISSIONER PROFILE AND RELEASE OF CLAIM

This form is for teams traveling to projects inside the USA. Each team member must complete this form.

Team Leaders Nick & Stacey Hauck Project Name Choctaw Mission Trip  
Project Location Philadelphia, MS Legal Name \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Conference \_\_\_\_\_ District \_\_\_\_\_  
Local Church \_\_\_\_\_ Departure Date 6 / 20 / 20 Return 6 / 26 / 20  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Beneficiary \_\_\_\_\_ (Spouse, mom, dad, child, etc.)  
Emergency Contact \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Contact's Phone Number \_\_\_\_\_

The following guidelines are recommended by the UMVIM, SEJ Board of Directors for all missioners, both team members and individual volunteers. Volunteers in Mission are not tourists; they go at the invitation of another church as guests. It is extremely important to be willing to adjust to the expectations of the host church. Therefore, in consideration of the opportunity to participate in the project described above as a volunteer, and in consideration of other obligations incurred by the mission organization, please review the following agreement and sign below:

I agree to share my faith in an appropriate Christian manner.

I agree to cooperate at all times with the team leader concerning our work and life together including daily assignments, food, lodging, transportation, and to stay with the team the duration of the trip.

I agree to abstain from offensive habits while on the mission. (The use of alcohol and tobacco is unacceptable for Christians in many cultures).

Further, I hereby release and discharge the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have or claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to personal property, real or personal, caused by, or arising out of, the above described mission service. I intend to be legally bound by this statement.

I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as healthy hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities, etc.

I agree to comply with my annual conference Safe Sanctuary policy. For further guidelines go to: [www.umvim.org](http://www.umvim.org)

The validity, construction and interpretation of this Missioner Profile and Release of Claim form shall be governed by and construed in accordance with the domestic laws of the state of Georgia, in which the UMVIM, SEJ office was incorporated and our insurer, the CMA Agency, Inc. is located.

In witness whereof, I have executed this agreement and this release at:

\_\_\_\_\_ (City and State) Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If under the age of 18: Parent's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

