

**THALIA UNITED METHODIST CHURCH
MISSION TRIP COMMITMENT FORM**

(Forms and deposit must be submitted to the TUMC office by May 1, 2009.)

Location: Golden Triangle Area of Texas (Houston)

Departure Date: Saturday, June 20, 2009

Return Date: Saturday, June 27, 2009

Accommodations: Local church with showers, air conditioning and kitchen

Cost: The final cost for individuals will depend on the number of people going and food expenses, but it should not exceed \$550 including airfare.

Forms: Please fill out the attached forms:

- 1. Individual Skills Survey Sheet**
- 2. Medical Information for Individual Volunteers**
- 3. Participant Liability Release Form**
- 4. Medical Release Form for Minors (Every Volunteer under the age of 18 must fill out this form, Volunteers under the age of 14 must be accompanied by a parent or guardian)**

I, _____, will be participating in above Thalia UMC Mission Trip to the Golden Triangle Area of Texas. I have attached a check in the amount of \$50 to Thalia UMC as a non-refundable deposit.

(Signature)

(Date)



INDIVIDUAL SKILLS SURVEY SHEET

(Every Volunteer Needs to Fill Out This Form)

Team Leader									
Name of Sponsoring Church or Group									
Work Week									
Name		Adult	M		Age	Youth	M		Age
			F				F		
Address									
City		State		Zip					
Telephone									
Email Address									

Each person should fill out this form. The team leader should then return the forms to the above address two months prior to the team's arrival. The more we know about your team, the more effectively your talents can be used in the rebuilding effort.

**Please indicate next to each skill the letter indicating your Construction Skill Levels listed below
(Ex. Painter – B)**

Skills: Early Response	Skills: Rebuilding	Skills: Human Services	
Chainsaw Operator	Cabinet Installation	Counseling	
Clean-Up	Carpenter	Children's/Youth Ministry	
Clerical/Telephone	Carpet Installer	Counseling-Mental Health	
Computer Skills	Contractor	Crisis Intervention	
Equipment	Door/Window Installer	Language Skills-Please List	
Food Preparation	Drywall Installation/Finishing		
Generators	Electrician	CARE Team	
General Helper	General Helper	Casework	
Nursing/Medical	HVAC	Elderly Outreach	
Roof Tarper	Mason	Program Planning	
Trucking/Hauling	Painter	Other (i.e. Nursing)	
Warehouse	Plumber		
se	Roofer		
Construction Skill Levels		Human Service Skill Levels	
A Willing Helper		Willing Helper	
B Do-It-Yourself		Volunteer	
C Extensive handy person, no trade experience		▪ Training	
D Worked Trade Previously		▪ Experience	
		▪ In what areas	
E Working trade currently as helper, apprentice, journey		Professional	
F Licensed		▪ Training	
		▪ Education	
		▪ Employment	

Additional Information: We ask that teams bring at least one person with carpentry skills for every five unskilled workers.



MEDICAL INFORMATION FOR INDIVIDUAL VOLUNTEERS
(Every Volunteer Needs to Fill Out This Form)

Please complete the following and give to Team Leader.
TEAM LEADER SHOULD RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY.

Name _____ Dates of mission trip _____

1. Blood type _____
2. Information about any prescriptions I use: _____
3. I am allergic to: _____
4. Name of contact person _____
 - a. Street Address _____
 - b. City _____ State _____ Zip _____
 - c. Phone (work) _____ (Home) _____
 - d. Relationship to volunteer _____
5. My health insurance company is _____
 - a. Policy number _____
6. Physical limitations or concerns: _____
7. I am diabetic: Yes _____ No _____
8. I have a history of seizures: Yes _____ No _____
9. Please provide other helpful health information: _____
10. I consider myself healthy enough to fulfill my responsibilities on the mission team. Yes _____ No _____

I, _____ (volunteer's signature), authorize _____ (team leader) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above and further authorize the release of medical information from my personal medical records for the following purpose: _____, but I do not give permission for any other use or re-disclosure of this information.

Once completed for each team member, copies will need to be made. One set to be turned in to Host with other required forms, and the second set to be kept with Team Leader on-site in case of medical emergency.



PARTICIPANT LIABILITY RELEASE FORM
(Every Volunteer Needs to Fill Out This Form)

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Disaster Recovery, Texas Conference.

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair or replace homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by hurricane/flood disaster or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold, Disaster Recovery, Texas Conference, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

SIGNATURE _____ **DATE** _____

DATES of WORK TEAM or DATES COVERED by THIS LIABILITY FORM _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PERSON to CONTACT in CASE of EMERGENCY _____

PHONE _____ **WITNESS** _____

ORGANIZATION OR CHURCH NAME _____



MEDICAL RELEASE FORM FOR MINORS
(Every Volunteer Under the Age of 18 Needs to Fill Out This Form)

Participant Information

Date/Destination of Trip _____

Team Leader _____

Minor's Name _____ Date of Birth _____

Emergency Name and Phone number to Notify _____

Insurance Carrier _____ Policy Number _____

Allergies and Medications _____

Permission to give Tylenol (Yes/No) _____ Other medication (Be specific) _____

Describe Medical Conditions/Limitations _____

Signature of Minor _____

Date _____

Name of Guardian on Trip (need picture ID) _____

PARENT OR GUARDIAN AUTHORIZATION

I, _____, authorize _____
 (Parent or Guardian) (Guardian on Trip)

to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

(Signature of Parent or Guardian) _____

Date _____

NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION

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 free act and deed thereof.

Notary of Public _____

State of _____ County of _____

My commission expires _____