



West Ohio Conference

Volunteers in Mission: Mission Policy Agreement

I realize that the following commitment is crucial to the effectiveness, quality and positive expression of our mission together. As a participating member of The United Methodist Volunteers in Mission team, I agree to:



When completed, please return to Team Leader

A copy of this form will be left with the local church or conference office in the event of an emergency.

1. Lift up Jesus Christ with my thoughts, words and actions*
2. Develop and maintain a servant attitude toward the people our team serves as well as toward each team member.
3. Pray for and support my team leader and his/her decisions.
4. Respect the host's religious views, realizing that different people have different expressions of faith.
5. Accept the ministry that is going on in the area where I am serving as well as the local approach to the mission, though it may differ from my own approach.
6. Strive for harmony among team members, hosts and people of the hosts' society, keeping in mind local conditions and customs. To do this I will follow the teachings of Christianity, the Golden Rule, and local societal customs and laws; avoiding local taboos; use common sense and good judgment in all things; be considerate, tolerant and patient with other customs, beliefs and needs; and generally set a good Christian example.
7. Abstain from using alcohol, tobacco, illegal drugs, and profanity; wearing inappropriate clothing; and engaging in other objectionable behavior, from the time of my departure until my return home.
8. Refrain from negativism and complaining. Travel and ministry outside my church may present unexpected and even undesired circumstances. However, my support and creativity will improve the situation.
9. Refrain from gossip. If it is not true, good and positive, I will not say it.
10. Remember that I am a servant of Jesus Christ called to be a in ministry with the host team. I will serve as best I can so that both the spiritual purpose and the task of the mission will be accomplished.

Missioner's Signature _____ Date: ____ / ____ / ____

** Volunteers who desire to serve in an emergency or chronic disaster setting are asked to show their faith and love by what they do, not by what they say. It is important to be extremely sensitive to the mission context. Proselytizing, converting others to United Methodism, preaching and praying publicly could be inappropriate.*



West Ohio Conference Volunteers in Mission: Liability Release

Regarding UMVIM Mission Journey to _____

Led by Team Leader(s) _____ from ____/____/____ to ____/____/____



When completed, please return to Team Leader

A copy of this form will be left with the local church or conference office in the event of an emergency.

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of The United Methodist Church, the West Ohio Conference of The United Methodist Church its employees and servant leaders, and any related agency, conference, district, local church, 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 above named UMVIM Mission Journey. The undersigned has been advised and understands that the project may involve unusual risks to participants. These risks may include: dangers resulting from disease; from civil warfare or insurrection; from post-warfare hazards such as landmines; from geographic features such as high altitude; 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. The participant voluntarily assumes such risks. 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/her heirs, representatives and assignees.

Signature of Participant Date: ____/____/____

Signature of Parent/Legal Guardian Date: ____/____/____

Signature of Parent/Legal Guardian Date: ____/____/____

Notarization of Liability Release Form

STATE OF _____ PARISH OR COUNTY OF _____

On this ____ day of _____, _____ 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 _____ Parish or County _____

State of _____ My Commission Expires ____/____/____



West Ohio Conference

Volunteers in Mission: Medical Information



When completed, please return to Team Leader

A copy of this form will be left with the local church or conference office in the event of an emergency.

Missioner's Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Home Cell Work

Mission Project

UMVIM Location & Task: _____ Dates _____

Have you been on previous projects/mission journeys: Yes No Home Church _____

Personal Medical Information

Personal Medical History:

Diabetes Seizures Hypertension Cardiac disease Back pain Arthritis

Mental Illness Other _____ Blood type: _____

Physical Limitations: _____

Allergies: _____

Medications: _____

Immunizations: Last Tetanus/Diphtheria (recommended every 10 years) ____/____/____

(CDC can provide up-to-date country specific information on immunizations for travelers at www.cdc.gov/travel)

Medical Insurance Provider _____ Phone: _____

Policy # _____ Group # _____

Physician: _____ Phone: _____

Medical Consent

I (UMVIM Participant) _____

authorize (other adult participant) _____, if I am unable to do so, to consent to receiving first aid or necessary medical treatment and/or hospital care rendered under the supervision and advice of any physician licensed to practice medicine by the state in which he/she practices during the duration of the identified mission journey.

Emergency Contacts**

Emergency Contact: _____ Relationship: _____

Address: _____

Phone(s): _____

Secondary Contact: _____ Relationship: _____

Address: _____

Phone(s): _____



West Ohio Conference

Volunteers in Mission: Medical Information

to be completed by Missioner's physician

I, (Missioner's Name) _____, plan to participate in a United Methodist Volunteers
In Mission journey from ____ / ____ / ____ to ____ / ____ / ____ in _____
Dates of Mission Journey Location of Mission Journey

I may be doing manual labor in a climate that is: ____ hot and humid; ____ cold and damp; ____
other (_____) Health care facilities may be inadequate or nonexistent.

Please consult the CDC for updated age-based vaccinations and schedules at:

<https://www.cdc.gov/vaccines/schedules/index.html>



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Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

For Use by Medical Professional

Signed _____ Credentials _____ Date _____

Physical exam performed: ____ Yes ____ No

Print Name _____ Phone: _____

Address _____

City / State / Zip _____



West Ohio Conference Volunteers in Mission: Emergency Contact



**When completed, please
return to Team Leader**

*A copy of this form will be
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of an emergency.*

Missioner's Name (On Passport): _____

Date of Birth: ____/____/____ Passport number _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Primary Phone Number: _____ Home Cell Work

Emergency Contacts

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Home Cell Work

Secondary Phone Number: _____ Home Cell Work

If unable to contact the above, contact the following:

Secondary Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Home Cell Work

Secondary Phone Number: _____ Home Cell Work

Other information you wish to add if an emergency arises:



West Ohio Conference

Volunteers in Mission: Notification of Death

Missioner's Name: _____ Passport number _____

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 US State Department/US Embassy is to be instructed by the following:

Immediately contact the following:

A. Consular duty officer at the US Embassy in the country where the death occurred.

Phone: _____ Fax: _____

Email: _____

B. United Methodist Bishop's Office (Location of Mission Journey)

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

C. My family or other

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

My wishes are as follows:

All my valuables, money and personal possessions are to be kept in the control of the representative of the United States Embassy and shipped to:

In the event of death, all of the previous instructions are to be followed in consultation with the previously-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 previously-named family member.

Signature of participant or parent/legal guardian

Date: ____/____/____

Notarization of Power of Attorney Form

STATE OF _____ PARISH OR COUNTY OF _____

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, _____ Parish or County _____

State of _____ My Commission Expires _____



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West Ohio Conference

Volunteers in Mission:

Trip Cancellation Insurance Declination

As a member of the UMVIM mission journey to _____

from ____/____/____ to ____/____/____, I certify that:



- I have been made aware that there are significant risks associated with any mission journey.
- I fully understand that there are cancellation penalties involved with my mission journey. These may include a penalty of up to 100%, which means no refund at all.
- Penalties apply no matter what the reason for cancellation. These may include, but are not limited to:

- Accident or illness to me, a family member or traveling companion, requiring me to stay home.
- Airline bankruptcy / default.
- Weather-related delays.
- Simply changing my mind.

- It has been recommended that I purchase separate travel insurance for this trip to protect against the cancellation fees noted above.
- I have selected the following choice (please initial one of the following as appropriate and complete the rest of the form as indicated):

_____ I have purchased separate travel insurance (or will purchase same prior to departure) as appropriate to my needs.

_____ I have decided NOT to purchase separate travel insurance and accept full responsibility for any cancellation fees that may occur as a result of my non-participation on this trip.

Signature of participant or parent/legal guardian

Date: ____/____/____

Printed Name _____

When completed, please return to Team Leader

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West Ohio Conference

Volunteers in Mission: Safe Sanctuaries for VIM Teams

to be used with teams with minors/persons requiring a legal guardian

Volunteers in Mission serve at the request of a host who has invited a team to a specific project such as education, construction, medical/dental, and more. Regardless of location, the host agrees to help organize details of the mission journey as we are their guests. All West Ohio VIM teams seek to honor the host's planning and hospitality while holding in tension the protections and liability of teams with minors/persons requiring a legal guardian. The West Ohio Safe Sanctuaries Policy provides procedures for protecting children, youth, and vulnerable adults. VIM Team Leaders are strongly encouraged to discuss the Safe Sanctuary guidelines with the host of their mission journey and to gather signature(s) of parent(s)/legal guardian on the Mission Journey Itinerary that highlights the collaboratively planned details of the mission journey, including any augmentations to the West Ohio Conference Safe Sanctuary Policy.



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West Ohio Conference Safe Sanctuary Policy

Screening:

- We recommend that all staff and volunteers who may have regular or direct contact with children, youth, or vulnerable adults undergo a background screening.
- It is recommended that background screenings be repeated every 5 years (better every 3 years).

Supervision:

- Safe Sanctuaries Policy Training is recommended for all staff and volunteers working with children, youth, or vulnerable adults.
- To the extent practicable, supervisory standards should include the "two-adult rule" or "rule of 3".
- Children, youth, and vulnerable adults are to be supervised while attending a ministry activity or event.
- All ministry activities and events should be open to public view.
- Contact information appropriate to the ministry activity or event should be collected prior to the start of that activity/event.
- Ministry activities and events involving transportation should require written and signed permission from parents/legal guardians.
- No person shall supervise an age group unless he/she is AT LEAST 18 years of age and AT LEAST 3 years older than the children or youth being supervised.

Reporting:

- Safe Sanctuaries reporting is required by any staff or volunteer who personally witnesses an incident of abuse or exploitation or when an allegation of such an incident is made by a child, youth, or vulnerable adult.



West Ohio Conference Volunteers in Mission: Power of Attorney

to be used with minors/persons requiring a legal guardian



**When completed, please
return to Team Leader**

*A copy of this form will be
left with the local church or
conference office in the event
of an emergency.*

Know all persons by these present that We (I) (Name of Parent/Legal Guardian), _____
of (Address) _____
and (Name of Parent/Legal Guardian), _____ of (Address) _____
appoint (VIM Team Leader(s) or parent/legal guardian participating on mission team) _____
our attorney for us and in our name and on our behalf to consent to the administration of
necessary medical treatment and/or hospital care upon (Child/Person Requiring a Legal Guardian) _____
during the period of (Mission Dates) _____ and to execute all instruments
to carry out and perform the aforesaid powers, and to do any other acts requisite to carrying out
such powers. I/we, the parent(s)/legal guardian agree to be financially responsible for the services
provided. I/we authorize the release of medical information to or from my/our/their insurance company
and my/our/their personal physician. If we (I) (Name of Parent(s)/Legal Guardian(s) participating on mission team
) _____ cannot act as the Power of Attorney for (Child/Person Requiring a Legal
Guardian) _____, I hereto appoint (VIM Team Leader) _____ our
attorney for the aforementioned responsibilities, privileges, and tasks of care of our child/person requiring
a legal guardian.

IN WITNESS WHEREOF, I have hereunto executed this Power of Attorney on this

_____ day of _____,
Month Year

Signature of Witness

Signature of Parent/Legal Guardian

Signature of Witness

Signature of Parent/Legal Guardian

Notarization of Power of Attorney Form

STATE OF _____ PARISH OR COUNTY OF _____

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, _____ Parish or County _____

State of _____ My Commission Expires _____



West Ohio Conference

Volunteers in Mission:

Parental/Legal Guardian Consent

to be used with minors/persons requiring a legal guardian



The consent must have signatures of both parents (even if divorced or separated) or a legal guardian when the child/person requiring a legal guardian participates in a VIM Mission Journey. If one parent accompanies the child, the other parent still must sign this form. If one parent is deceased, please attach a death certificate.

We (Parent(s)/Legal Guardian) _____
 the parents/legal guardians of (Child/Person Requiring a Legal Guardian) _____
 give permission to fully participate in the UMVIM Journey to _____, from _____
Location of Mission Journey Dates

When completed, please return to Team Leader

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We acknowledge we are allowing full participation of the above mentioned child/person requiring a legal guardian entirely upon our own initiative, risk, and responsibility. We have been advised and understand that the mission team may be exposed to unusual risks. We further expressly authorize and consent to any medical treatment or hospital care under the supervision and advice of any physician licensed to practice medicine by the state in which he/she practices during the duration of the identified mission journey.

Now, therefore, in consideration of the permission extended to the above mentioned child/person requiring a legal guardian to fully participate in this UMVIM Mission Journey, we do hereby for ourselves, said child/person requiring a legal guardian, heirs, executors, and administrators, remise, release, and forever discharge the UMVIM team leader(s) _____, the West Ohio Conference of The United Methodist Church, United Methodist Volunteers in Mission, its officers and members, as well as all other participants and sponsors of said Mission Journey, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of or any injury or illness to the above mentioned child/person requiring a legal guardian, or loss or damage to property which may occur from any cause during the mission journey, as well as all ground and flight travel incident during the mission journey.

It is our intention by this document to consent to the above mentioned child/person requiring a legal guardian's full participation in said UMVIM Mission Journey, to consent to allow the team leader(s) _____ to act in loco parentis for the duration of the Mission Journey, and to waive and forego all right of action by ourselves and the above mentioned child/person requiring a legal guardian against the parties herein before named.

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Address

Address

Notarization of Power of Attorney Form

STATE OF _____ PARISH OR COUNTY OF _____

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, _____ Parish or County _____

State of _____ My Commission Expires _____



West Ohio Conference

Volunteers in Mission: Mission Journey Itinerary

Location and Dates

First United Methodist Church of Missionville will participate in a VIM Mission Journey to Phnom Penh, Cambodia from January 3, 2017 through January 17, 2017.

Host Information/Itinerary

Our team will be hosted by Rev. Hospitality and his family at The Grace Church in Phnom Penh. Our translators will be Rocky, Haichin, and Maleva. The itinerary is flexible. All days include three meals and a snack, shower times, & lights out. Our work & sightseeing will be determined by our host upon arrival.

Project Information

Our team will be building an addition to the secondary school on the church grounds as well as leading Vacation Bible School in the existing building. We are aware that our project may be altered upon arrival.

Transportation (Flight Information)

You can follow all flight progress at Mission Airlines website: missionairlines.com/followflights

Departure flight is A45GX with Mission Airlines at 8:00am EST from CMH to Phnom Penh. Our team will meet at the CMH airport at 5:45am on January 3, 2017 and check-in with the airline together. Carry-ons are limited to backpack size without wheels. Each participant can check two bags up to the weight of 50lbs. Once our team is checked in together we will catch our flight with Mission Airlines at 8:00am from CMH. We will make two stops, in California then in Japan, before arriving in Phnom Penh.

Return flight is V6F78Q with Mission Airlines, leaving at 4:32pm (Phnom Penh) on January 17, 2017 and arriving in CMH at 9:23am EST on January 17, 2017, pick-up at baggage claim downstairs. Our team will arrive at Phnom Penh airport at 2:00pm to check in together and check luggage. Limits for luggage are the same on the return flights. Once our team is checked in together we will catch our flight with Mission Airlines at 4:32pm. We will make two stops, in Japan, and in Washington, before arriving at CMH at 9:32am on January 17, 2017. Please be at baggage claim for pick-up by 9:30am. If there are delays the phone tree will be activated once we are stateside in Washington.

Transportation (On Ground)

Upon arrival at the Phnom Penh airport we will be picked up by our drivers. Our drivers have been hired through our host and are used with each mission team. Our drivers' names are Bunroeun, Phirun, and Vibol. Our drivers will transport us but will also help with safety/security as they know which locations are best for our team.

Meals

All breakfasts will occur at the church where we are staying. Most lunches will be packaged and provided at the worksite by church workers. Dinners will either be at the church or on the town. We have communicated dietary restrictions and preferred types of meals to our host. The team leaders will have alternative meal options only if the food available is listed as an allergy or dietary restriction. Team members are encouraged to bring non-perishable snacks and foods.

Housing

Our team will be housed at The Grace Church in Phnom Penh for the duration of our mission journey. The Grace Church is a gated facility with a 24/7 security guard. The Grace Church is located just outside the city, has running water, and electricity. We will house in the Education Wing where there are multiple rooms and showers available. Youth ladies will sleep upstairs in two classrooms and female adult leaders will sleep in the classroom across the hall from the youth ladies. Youth males will sleep downstairs in two classrooms and male adult leaders will sleep in the classroom across the hall from the youth males. If there are issues during the night, youth will wake up the adult closest to the door for the respective gendered adult room.



When completed, please
return to Team Leader

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West Ohio Conference Volunteers in Mission: Mission Journey Itinerary



When completed, please return to Team Leader

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Hygiene

There are 2 shower rooms each with 3 shower stalls with curtain doors. One shower room will be for females and the other for males. Designated times will be established upon arrival that separate shower times for adults and youth of the same gender in their respective shower rooms. Adults and youth will not shower at the same time. While there is not a guarantee there will be enough time for every team member to shower every day, showering daily is highly encouraged.

Adult Leaders Training

All of our adult leaders have been working with our church for over a year and have completed our church's Safe Sanctuary policy. Approved background screenings are on file at the church.

Team Safety

Four of our 6 adults are trained in FA/CPR (Sheryl, Ben, Sam, and Brittany) as are 4 of our youth (Trey, Sarah, Markus, and Talisha). All efforts will be made to make certain that these individuals are divided among all our teams and travel groups. Our host, drivers, and translators understand Western culture and are aware of locations that are appropriate and safe for our team. If there is any question of safety, they will be the first to communicate the issue and remove us as quickly as possible from the situation.

Behavioral Expectations and Consequences

Every team member has signed the Mission Policy Agreement. If anyone is found to be in unresolvable violation of any aspect of said Policy Agreement the course of action will be as follows:
Conversation with the individual/group about their actions
Resolution to apologize and change behavior with an adult mentor from the team
If continued, a conversation will take place with the pastor and the parents (if a youth)
If continued, the individual will return home at their own expense. If that individual is a minor, they will be accompanied by two of the adults from the mission team. The individual will also pay for the expenses of the two accompanying adults' returns. The individual will also not be allowed to attend the post-mission celebrations or participate at the church storytelling event.

Communication

Any questions prior to departure can be directed to the Team Leader. In the case of emergency during mission, family members may call the Team Leader at their international phone (88.12.4326.991). Our At-Home-Coordinator will be in communication daily with one of our adult leaders. The At-Home-Coordinator will send out a daily email to the emergency contacts/family/church about the team's day. Team members may purchase minutes and apply them to the Team Leader's international phone to make calls home as needed.

*Any augmentation to the Safe Sanctuaries recommendations that are known prior to the mission journey have been expressed in the Mission Journey Itinerary. The undersigned acknowledges said augmentations and consents to full participation in the mission journey.

Signature of Participant Date: ____/____/____

Signature of Parent/Legal Guardian Date: ____/____/____

Signature of Parent/Legal Guardian Date: ____/____/____



West Ohio Conference

Volunteers in Mission: Team Leader Check List

to be used with teams with minors/persons requiring a legal guardian



**When completed, please
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- Discuss Safe Sanctuaries Recommendations with your Mission Journey Host
 - Clarify details of housing, transportation, work and worksites, meals, and hygiene
- Host informational meeting(s) with parent(s)/legal guardian
 - Clarify the purpose and goals of the mission journey
 - Discuss the mission project and location, introduce the host and explain the partnership
 - Provide training in local customs, cultures, and attitudes
 - Emphasize any precautions needed regarding food and water at the mission journey location
 - Discuss mission journey details (i.e. financial matters/fundraising, vaccinations, passports/visas, etc.)
 - Discuss communication before, during, and after the mission journey
 - Outline behavior expectations (found in The Mission Policy Agreement Form) and consequences
 - Review packing list (i.e. what to bring, what not to bring, appropriateness of certain clothing, electronics, etc.)
 - Discuss travel arrangements, luggage limits, and extra money (meals during travel, souvenirs, etc.)
 - Review the expected daily schedule and discuss flexibility
 - Discuss expected housing, transportation, work and worksites, meals, hygiene
 - Discuss the West Ohio Conference Safe Sanctuaries Recommendations
 - Discuss roles of each member and make introductions of the team
 - Discuss the entire packet of forms and answer any questions
- Receive and check all completed paperwork from Team members who are minors/persons requiring a legal guardian
 - Complete follow-up conversations with any youth/person requiring a legal guardian and their parent(s)/legal guardian if there is any question to their participation on the mission team