



# 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 \_\_\_\_\_