



Partners In Ministry, Inc.

Serving Richmond, Scotland, and Robeson Counties

12 Third Street

Post Office Box 1621

Laurinburg, North Carolina 28352

Telephone 910-277-3355

www.pim-nc.org

R.O.A.R. Work Team Registration Form

Date: _____

Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Work Team Leader: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

Cell #: _____

Number on Team: _____ (Approximation OK)
Youth Adults

1.) Specialized skills on Team _____

2.) Work Team experiences: _____

3.) Special needs of Team? Special Medical? Disabilities that may need accommodations?

4.) For each area below, indicate the number of adults you feel could provide adequate and competent supervision.

___ Framing	___ Repair/Building Steps	___ Replacing Rafters	___ Painting
___ Install Sub Floor	___ Finish Carpentry	___ Replacing Fascia	___ Minor Electrical
___ Siding	___ Trimming	___ Replacing Decking	___ Minor Plumbing
___ Repair/Build Porch	___ Hanging Sheet Rocking	___ Shingling	___ Install Floor Cover
___ Install Tin Roof	___ Weatherize/Winterize		



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Roster

ORGANIZATION: _____

Total # of YOUTH: _____ ADULTS: _____

Team Leaders (s) 1. _____ 2. _____

Coordinators :

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

11. _____ 12. _____

Work Team:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

11. _____ 12. _____

13. _____ 14. _____

15. _____ 16. _____

17. _____ 18. _____

19. _____ 20. _____

21. _____ 22. _____

23. _____ 24. _____

(For Additional Names, Attach 2nd Sheet)

Medical and Liability Release Form

I _____ authorize _____, if I am unable to do so, to consent to
(Participant Name) (Other adult team member)
any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified below.

UMVIM Project _____ Dates _____
Home Physician _____ Phone _____
Medical Insurance Provider _____ Phone _____
Policy Number _____ Group _____
Number _____
Allergies _____
Medications _____
Person In USA to contact in the event of an Emergency:
Name _____ Relationship _____
Address _____ Phone _____
Blood Type _____ Do you have? Diabetes: Yes No Seizures Yes No
Describe any physical limitation(s) _____
Other Medical Information _____

Liability Release

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, The UVMIM Board of the South Central Jurisdiction of the United Methodist Church, the Missouri Annual Conference, 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 UVMIM Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease; from civil warfare or insurrection of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; 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 that may be faced. 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.

Participant's Signature _____

Notarization of Liability, Medical, and Information Release 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 _____

Parental Consent

The consent must have signatures of both parents (even if divorced or separated) when the youth is traveling outside the US. If one parent accompanies the youth, the other parent must sign this form. If one parent is deceased, attach a death certificate.

We, _____, the parents/guardians of _____
Parents or guardians _____ Child's name _____
give our child, a minor residing at _____ (address), permission to accompany a United
Methodist Volunteers In Mission team to _____ (location) and participate as a
member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk,
and responsibility. We have been advised and understand that the group may be exposed to unusual risks. Those risks
may involve, among other things, the following:

Dangers resulting from disease; from civil insurrection or warfare of the kind that we have seen in recent years in Somalia,
Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitudes, which
may have a deleterious effect on persons with heart conditions or respiratory diseases; 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 that may be faced.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or
treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician,
surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child,
should the same become necessary because of illness or injury.

I specifically authorize a physician or other appropriate medical professional to treat my child's _____
(Name of ailment)
by performing _____ and by prescribing _____
(Name of procedure) (Name of prescription)
and providing such prescription to my child for treatment.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in
the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and
forever discharge the team leaders(s) _____, the _____ 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 trip, acting officially or otherwise, from all claims, demands, actions or causes of
action of any kind, including the death of our child or any injury to our child or loss or damage to property which may occur
from any cause during the trip, as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team
leader(s) _____ to act in loco parentis for the duration of the mission trip, and to waive and forego all right of
action by ourselves and our child against the parties herein before named.

Parent/guardian

Parent/guardian

Address

Address

.....
Notarization of Parental Consent Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____

To me known to be the same person(s) 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 _____

Mission Covenant Agreement

United Methodist Volunteers in Mission

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:

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; avoid 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 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.

*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 are inappropriate.

Signature

Date

Emergency Contact Information

Return to Team Leader

Missioner's name on passport _____ Passport number _____

Passport Issue Date _____ Passport Exp. _____

Mailing address _____ Date of birth _____

Home phone _____ Work phone _____

Cell phone _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name _____ Relationship to missionary _____

Address _____ Work phone _____

City / State / Zip _____ Cell phone _____

Home phone _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name _____ Relationship to missionary _____

Address _____ Work phone _____

City / State / Zip _____ Cell phone _____

Home phone _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES:

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