



UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION

Please print legibly in black or blue ink, and sign the Release of Liability.
 Couples must fill out separate forms. Reproduce this form as needed. (Revised 3/15/05)

___ Rev./ ___ Dr./ ___ Mr./ ___ Mrs./ ___ Ms. _____
First Name Middle Initial Last Name

Birth Date (month/day/year) ___/___/___ Member Church (name & city) Crossroads UMC

Home Address (including apartment #) or PO Box _____

City, State & Zip Code (+ 4-digit zip code, if known) _____

Home Telephone (____) _____ E-mail Address _____

Beneficiary: [] Estate/My Will [] Name _____ Relationship to You _____

Date of Departure (month/day/year) ___/___/___ Date of Return (month/day/year) ___/___/___

Sponsoring Organization (e.g., local church, conf.) _____ UMVIM Project _____

Type of Team: Medical ___ Construction Other (specify) _____

Destination (if in the US, city & state; if abroad, name of country) Dulac LA

Team Leader / Coordinator 1 Trevor Bartolomecci 2 _____

RELEASE OF LIABILITY (This must be signed BY APPLICANT for application to be valid and for applicant to receive insurance coverage.)

I understand that the General Board of Global Ministries of The United Methodist Church assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while I am serving as a United Methodist Volunteer In Mission, and I, my heirs, personal representatives and assigns, hereby absolve the General Board of Global Ministries of The United Methodist Church and hold it harmless from any claim or demand which I, my heirs, personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

Signed _____ Date _____/_____/_____
 (If the volunteer is 21 years old or less, both the volunteer's and a parent's or guardian's signature are required.)

Witness by _____ Date _____/_____/_____
 (If the volunteer is 21 years old or less, both the volunteer's and a parent's or guardian's signature are required.)

PRIVACY RIGHTS (These are legal statements, and you may wish to review them with an attorney.)

By my signature below, I consent to the recording and use of the personal data I am providing for the Mission Volunteers Database (MVDB), utilized by designated, password-authorized persons in GBGM, UM Committee on Relief (UMCOR), UM Volunteers In Mission (UMVIM), and MV programs. A voluntary service, the MVDB provides information for volunteer recruitment, placement, and communication, as well as insurance and statistical record-keeping. I may obtain a copy of and/or request the deletion of my data by contacting GBGM by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release GBGM and all MVDB-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information. For complete details regarding MVDB policies, please consult <http://gbgm-umc.org/vim/mvdb/policy.htm>.

Signed _____ Date _____/_____/_____
 (If the volunteer is 21 years old or less, both the volunteer's and a parent's or guardian's signature are required.)

NOTES: 1) This insurance policy is FOR US CITIZENS AND PERMANENT RESIDENTS ONLY who are participants in UMVIM projects which are either listed in the Jurisdictional & Mission Volunteers websites (see <http://gbgm-umc.org/vim/umvimmap.htm>), Advance specials, or involve working with GBGM missionaries. 2) We try to accommodate applications up to the last minute, but please try to mail them 1 month before departure in 1 batch (not separately) and pay with 1 check (not separate checks). Check should accompany applications. 3) Attach cover sheet stating a) team leader's or coordinator's name, address, phone, and e-mail; b) destination; c) names and number of persons per each distinct set of dates of coverage (i.e., having same dates of departure AND return), as letter of coverage is drawn up per number of persons with same dates. 4) Make check payable to: General Board of Global Ministries, at \$.75 per person per day, including days of departure and return (in subtracting departure from return date, add 1 to the difference to get the correct number of days). 5) NO cancellations. 6) Don't fax applications. 7) Address envelope to: Mission Volunteers, Room 330, 475 Riverside Dr., New York NY 10115. 8) Team leader/coordinator will be sent a copy of our letter to insurance company for team coverage.