



Mission Volunteers Office
 475 Riverside Dr., Suite 1400
 New York, NY 10115
 Tel (212) 870-3825
 Website: <http://missionvolunteers.org>

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 as needed.

__Rev./ __Dr./ __Mr./ __Mrs./ __Ms. _____
 First Name Middle Initial Last Name

Birth date (month/day/year) ___/___/___ Member Church (Name & City) _____

Home Street Address (including apartment #), or PO Box _____

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

Phone # (____) _____ 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 name _____

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

Destination (if in the U.S., city & state; if abroad, name of country) _____

Team Leader / Coordinator 1 _____ 2 _____

These are legal statements, and you may wish to review them with an attorney:

RELEASE OF LIABILITY (this must be signed BY APPLICANT for application to be valid & 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 or less, both the volunteer's and a parent's or guardian's signature are required)

Witnessed by _____ Date ___/___/___

PRIVACY RIGHTS

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 or less, both the volunteer's and a parent's or guardian's signature are required)

NOTES: 1) This insurance policy is for participants in UMVIM work 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), & 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, & email, b) destination, c) names & # 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 # 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 & return (in subtracting departure from return date, add 1 to the difference to get correct # of days). 5) NO cancellations. 6) Don't fax applications. 7) Address envelope to: Mission Volunteers, Room 1400, 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. (12/12/07)