



First United Methodist Church

Round Rock

Permission for Background Check

If you have not had a background check by the church in the last 2 years, please fill out the background form and include a check for \$5.00. Make check payable to FUMC-RR and in memo space please print background check. Attach a copy of your driver's license to the Form.

I hereby grant permission to First United Methodist Church of Round Rock, Texas to do a background check.

Date: _____

Signature: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Social Security
Number: _____

Please attach a copy of your driver's license.



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AIM (Adults in Mission) Trip

Galveston Area

Mission Space is limited to 30 people and will be filled on a first come, first served basis. To secure your space, complete and turn in a registration form to the Finance Office at First Church, along with a \$25 deposit by December 1, 2009. Make checks payable to FUMC-Round Rock. In memo space, please note Galveston Area Mission Trip

Initial deposit of \$25 is refundable until January 1, 2010, at which time the remaining payment of \$65 is due. Full payment, less the \$25 deposit, is refundable up to one week prior to the trip departure.

The organizational meeting will be December 15 at 7 pm in Building 5-136.



Part 1: Mission Trip Application

Project: _____ **Team Dates:** _____

Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City, State, Zip: _____ Cell Phone: _____

Age: _____ Sex: _____ E-mail address: _____

Occupation: _____ Hobbies/Interests: _____

Languages: _____

Name of Church: _____ Phone: _____

Church Address: _____

Date of Safe Sanctuaries Certification: _____

Approving application and Safe Sanctuary Certification by Pastor:

Pastor's Signature _____

Part 2: Medical Informationa and Release:

I, _____ authorize _____ to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or 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 they practice, during the duration of the trip identified below.

Mission Trip or Activity: _____ Date of Trip: _____

Family Doctor: _____ Doctor's Telephone: _____

List any health problems or special needs regarding meals, etc.

List any allergies: _____

List all medications: _____

Medical Insurance Carrier: _____ Policy #: _____

Carrier's Phone: _____

Date of last tetanus injection: _____

IF I am ill at the time of trip departure, I will notify the Team Leader immediately. If requested, I will attain a doctor's release to show that I am not contagious.

DISASTER RECOVERY VOLUNTEER SKILL SHEET

If part of a group, Group Leader: _____

Group Leader's Contact Phone #: _____

Group Leader's E-Mail Address: _____

Volunteer's Name: _____ Age: .

Volunteer's Address: _____

Contact Phone #: _____

Volunteer's E-Mail Address: _____

Arrival Date: _____ Housing needed: Yes _____ No _____

Volunteer's Job Skills:

<u>Skill</u>	<u>Level*</u>	<u>Skill</u>	<u>Level*</u>
Carpenter – rough	_____	Heating/Cooling	_____
Carpenter – finish	_____	Hvy Equip Operator	_____
Carpet layer	_____	Insulation	_____
Clean Up	N/A	Painter	_____
Contractor	_____	Plumber	_____
Drywall hanger	_____	Roofer	_____
Drywall finisher	_____	Willing Helper	_____
Electrician	_____		
Flooring	_____	Other	_____
Framing	_____	_____	_____
	_____	_____	_____

Skill Levels:

0 = I am unable to do or am not interested in this skill

1 = I don't know how but am willing to learn/try

2 = I have done it before but still need some help to do

3 = I can do a good job by myself

4 = I can do a good job and can guide/teach others

5 = I have a Texas state license in this skill

Tools that Volunteer is bringing: _____

Call-In Center use only:

Registered: Date: _____, Time: _____

Work Assignment: Site Address: _____

Work Dates: From: _____ To: _____

Mission Covenant

I am a volunteer working in the Texas Annual Conference and will abide by the following covenant, **from the time I leave my home until I return home.**

I will:

1. Respect all customs, cultures, and traditions of the Texas Gulf Coast which includes my actions and clothing so I will not offend the community.
2. Respect the views and feelings of the other mission team members and those of the host community.
3. **Refrain from all conduct that may reflect poorly on myself and my work team, including consumption of alcoholic beverages, use of tobacco, illegal drugs, gambling, or possession of weapons of any kind.**
4. Respect the Disaster Recovery staff leadership. Make sure all paperwork is handed in on time.
5. Follow the rules set out by the host church housing the team.
6. Respect the client and their house as we are working to bring wholeness. Clean the site at the end of each day.
7. Take care of any tools and materials that have been in our care.
8. I will not travel on this mission if I am sick on departure day as this could have negative affects on the teams health.

I understand that if I fail to abide by this covenant, I may be immediately returned home at my own expense and that I will reimburse my team the full cost of my trip over and above the portion paid by me.

Signature: _____ Date: _____

Emergency Contact Information

In case of emergency, please contact the following:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Alternate Phone: _____

Relationship to missionary: _____

If unable to contact the above, please contact the following:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Alternate Phone: _____

Relationship to missionary: _____

Other information you wish to add if an emergency arises

PARTICIPANT LIABILITY RELEASE FORM

Date of Mission _____ Church or Organization _____

This constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church Texas Annual Conference Disaster Recovery.

I, _____ acknowledge the following:

I have chosen to travel to perform clean-up/construction work designed to repair or replace homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood disaster or are receiving assistance to repair or replace substandard housing or working in a warehouse environment. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church of the Texas Annual Conference, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Phone _____