



Global Ministries - Mission Volunteers Office
 475 Riverside Dr. Rm. 320 New York, NY 10115
 Tel (212) 870-3825
 Website: <http://umviminsurance.info>

UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION

Please print legibly in black or blue ink. Only one person per application. Reproduce as needed.

Rev. ___ Dr. ___ Mr. ___ Mrs. ___ Ms. ___

 First name Middle Initial Last Name

Home Address _____ City _____ State _____ Zip Code _____

Phone Number: (____) _____ Cell Number: (____) _____

Email: _____ Birth Date (month/day/year) ____/____/____

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

Labors for Neighbors, Inc. _____
 Sponsoring Organization (e.g. local church, Conf.): _____ Organization City _____

Oklahoma Indian Missionary Conference - Southeast District
 Campground _____ Antlers, OK, Oklahoma _____
 UMVIM Project Name _____ Location (if in the U.S., city and state; if abroad, name of country) _____

Date of Departure (month/day/year): 03/25/2011 Date of Return (month/day/year): 03/27/2011

Team Leader / Coordinator: Cleve Clinton 2. _____

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 (Global Ministries) 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 (UMVIM), and I, my heirs, personal representatives and assigns, hereby absolve Global Ministries 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 younger, both the volunteer's and a parent's or guardian's signature are required)

OPTIONAL INCLUSION IN DATABASE – 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 Global Ministries, UM Committee on Relief, 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 Global Ministries by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release Global Ministries 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://gbgmumc.org/vim/mvdb/policy.htm>.

Signed _____ Date ____/____/____

INSTRUCTIONS for Team Leaders:

- (1) This insurance policy is for participants (a) in UMVIM projects listed in the Jurisdictional and MV websites (<http://umvim.info>); or Advance specials; (b) involved in working with Global Ministries missionaries and includes travel to and from destination. (2) Applications and Cover letter must be typed or legibly handwritten. (3) Faxed applications not acceptable. (4) No refunds. (5) Applications must be grouped together, and accompanied by a cover sheet and one payment check. (6) Make check payable to: Global Ministries, at \$0.80 per person per day including days of departure and return. (7) Mail to address above (post-marked at least three weeks before date of departure).