

Participant Check List
Crossroads Church Relief and Recovery
Hurricane Harvey Trip #1

All completed forms can be emailed to relief@crossroadsumc.org (preferred) or turned into your campus office Attn: your Campus Coordinator

- Participant Application
- Medial Release
- Mission Policy Agreement
- Participant Liability Form
- Deposit
- Safe Sanctuaries
 - State Police criminal background check (Act 34)
 - <https://epatch.state.pa.us/TandCVolunteerAction.do?>
 - Pennsylvania Child Abuse History Clearance (Childline, Act 33)
 - <https://www.compass.state.pa.us/cwis/public/home>

Campus Coordinators:

- Boyce: Morgan Parees (mmparees@gmail.com)
Laurel Roddy (laurel.rodgy15@gmail.com)
- Cranberry: Kristy Harrer (harrer@mac.com)
- East Liberty: Wendell Taylor (marian.mst@gmail.com)
- North Fayette: Ed Stormer (edstormer@yahoo.com)
Ryan Waggoner (rwaggone@yahoo.com)
- Weirton: Sue Neeley (vsneeley@gmail.com)

Participant Application
Crossroads Church Relief and Recovery
Hurricane Harvey Trip #1

November 2017

Cost: \$650 Deposit: \$100

The mission trip team leader will not share this information except as required and related to the mission trip.

Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City, State, Zip: _____ Cell Phone: _____

Age: _____ Sex: _____ Email address: _____

Occupation: _____ Languages: _____

Hobbies/interests: _____

Construction/Healthcare Specialties: _____

Missions experience & location: _____

Crossroads Campus: _____

Date of Safe Sanctuaries Certification: _____ T-shirt Size _____

1. Why do you wish to participate? (if more space is needed use separate page): _____

2. Please indicate your state of physical and emotional health (the project and trip will include rigorous activity and the hours may be long). Is there anything the team leader(s) should know regarding your health (allergies, diet, etc.)?: _____

4. Team members may be asked during a church service to give a 2-3 minute testimonial before or after the project. Would you be comfortable doing this? Yes No Maybe

I understand that team members must be cheerful, cooperative, flexible, and patient. I agree to cooperate with the team leader(s) concerning our life together, including daily assignments, food, lodging, and transportation and any other activities involving the team as a whole. I agree to stay with the team from the beginning to end of the trip (except as excused by the team leader), to abstain from the use of alcohol and tobacco while on the mission trip, and generally to behave in a Christian manner.

Applicant's Signature

Date

Medical Release Form

**Crossroads Church Relief and Recovery
Hurricane Harvey Trip #1**

I _____ authorize _____
(Crossroads participant) (another adult on trip)

If I am unable to do so, to consent to 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: **Hurricane Harvey Trip #1, November 2017**

Home Physician _____ Phone _____

Medical Insurance Provider _____ Phone _____

Policy Number _____ Group Number _____

Allergies _____

Medications _____

Person to contact in the event of an Emergency:

Name _____ Relationship _____

Address _____ Phone () _____

Secondary Person to contact in the event of an Emergency:

Name _____ Relationship _____

Address _____ Phone () _____

Blood Type _____ Do you have? **Diabetes** ___Yes ___No **Seizures** ___Yes ___No

Physical Limitation _____

Other Medical Information _____

Participant's Signature _____

Mission Policy Agreement
Crossroads Church Relief and Recovery
Hurricane Harvey Trip #1

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 both the ministry that is going on in the area where I am serving, and the local approach to the mission. I understand that this may be different than my preferred 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 serve in an emergency or disaster setting are asked to show their faith and love first by what they do. Conversations of a spiritual nature are appropriate in the context of the relationships we develop. We will respect and serve all persons whether they hold views similar to or different than ours. We will respect the right of all persons to not engage us in spiritual conversations.**

Signature

Date

PARTICIPANT LIABILITY RELEASE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with (name of disaster program).

I, _____ acknowledge and state the following:

I have chosen to travel to perform Early Response Team duties designed to help with disaster damage.

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 ^{Harvey Relief} & Recovery disaster. 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 disaster organization arranges accommodations, I understand that it is not responsible or liable for my personal effects and property and that it will not provide lock up or security for any items. I will hold it 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 (name of disaster program), together with its 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 its negligence.

Signature _____ Date _____

Dates of Work team or dates covered by this liability form November 2017

Street Address As assigned during trip

City _____ State _____ Zip _____

Person to contact in case of an emergency _____

Phone _____ Witness _____

Organization or church name: Crossroads United Methodist Church