



VOLUNTEER INFORMATION:

Name: _____ Date of Birth: _____
Last First M.I. Month/Year

Team/Church/Org. Name: _____

Florida Region serving in: _____ South West

Home Phone: _____ Cell Phone: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

In an emergency, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

GENERAL SKILL INFORMATION:

Please tell us a little bit about your skills and/or experience that you have: (Check all that apply)

No prior experience – willing helper.

Prior mission rebuild experience.

Do-It-Yourselfer – various home improvement projects.

I am a licensed tradesperson. Please specify your trade _____

Please tell us any additional information about your skills, mission trips or experience:

Four horizontal lines for additional information.



PARENTAL CONSENT FORM

(Must have signature(s) of custodial parent(s) or legal guardian(s) and must be notarized)

We (I), _____, the parent(s)/guardian(s) of _____ (name of youth), give our child, a minor of _____ (address), permission to accompany a United Methodist Volunteers in Mission team to _____ and participate as a member of the _____ (volunteer organization name) group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk and responsibility.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or specific supervision, and on the advice of, licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, release, and forever discharge the team leader(s) _____ (from the volunteer org.), the _____ (volunteer organization name), the Florida Conference of The United Methodist Church, United Methodist Volunteers in Mission, its officers, members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s), as stated above, to act in loco parentis for the duration of the mission trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

 (Parent/Guardian Signature)

 (Parent/Guardian Signature)

 (Date Signed)

**** Must be signed in the presence of a Notary ****

YOUTH PHOTO/MEDIA RELEASE:

I hereby grant the Florida Conference of the United Methodist Church (FLUMC) permission to use my child's likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any consideration.

I understand and agree that these materials will become the property of FLUMC and will not be returned. I hereby irrevocably authorize FLUMC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Hurricane Recovery Programs of the United Methodist Church or any other lawful purposes.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge FLUMC from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on the behalf of my estate have or by reason of this authorization.

 (Parent/Guardian Signature – **In presence of Notary**)

 (Date)

By checking this line, I **decline** consent for use of photographs/videos taken of my child to be used on the FLUMC website or any other promotional literature.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me the _____ day of _____, 20____,

by _____ who is personally known to me or who has produced _____ as identification, and who did not take an oath.

(Notary Seal)

 Signature of Notary

 Name of Notary (Printed or Stamped)