



PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church, Alabama- West Florida Conference Disaster Recovery Ministry.

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair 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 a hurricane, flood, or tornado disaster, or are receiving assistance to repair or replace substandard housing. 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 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 Alabama –West Florida Conference United Methodist Church, Disaster Recovery Ministry, 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: _____

DATES OF WORK TEAM OR DATES COVERED BY THIS LIABILITY FORM: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

PHONE: _____ WITNESS: _____

ORGANIZATION OR CHURCH NAME: _____

Alabama-West Florida Conference

Office of Connectional Ministries

4719 Woodmere Blvd
Montgomery, AL 36106

Phone: 334-356-8014

Fax: 334-356-8029

Email: receptionist@awfumc.org



**MEDICAL INFORMATION
FOR INDIVIDUAL VOLUNTEERS**
(Every Volunteer Needs to Fill Out This Form)

**Please complete the following and give to mission leader. Please print.
MISSION TEAM LEADER SHOULD RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY**

Name: _____

1. Blood type: _____

2. Current Prescriptions I take:

3. I am allergic to: _____

4. Name of emergency contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (daytime): _____ Phone (evening): _____

Relationship to Volunteer: _____

5. My health insurance company is: _____

a. Policy Number: _____

6. Physical Limitations or concerns:

7. I am diabetic: Yes _____ No _____

8. I have a history of Seizures: Yes _____ No _____

9. Please provide other helpful health information:

10. I consider myself healthy enough to fulfill my responsibilities on the mission team.

Yes _____ No _____

SIGNATURE OF VOLUNTEER

Early Response Team Volunteer Data Form

By my signature below, I consent to the recording and use of the personal data I am providing for the Early Response Team Volunteer Database, utilized by designated, password authorized persons in the Alabama-West Florida Conference, United Methodist Volunteers in Mission (UMVIM) and the United Methodist Committee of Relief programs. A voluntary service, the Early Response Team Volunteer Database provides information for volunteer recruitment, placement, and communication. I may obtain a copy of and/ or request the deletions of my data by contacting the Alabama-West Florida Conference by signature request. After one (3) years of no data activity, my personal data may be deleted. I release the Alabama West-Florida Conference and All Early Response Team Volunteer Database-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information.

SIGNATURE

DATE (M/D/Y)

UMCOR Trainings Please check all of the appropriate boxes of the following statements:
I am a **Participant (P)** of and/or I am **Interested (INT)** in the following programs:

P INT

- Early Response Team Training Badge Expiration Date ____/____/____
- Basic Training Academy
- Case Management Crisis Management Shelter Management
- Disaster Coordinator ERT Trainer Care Team
- UMVIM Team Leader Training If trained, date of training ____/____/____

BASIC DATA – Please Print

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Legal First Name	Middle Initial	Last Name
Preferred First Name	DOB (m/d/y)	Occupation/Profession	<input type="checkbox"/> Active <input type="checkbox"/> Retired
<input type="checkbox"/> I have completed AWFUMC Conference Safe Sanctuary Background Check Expires (m/d/y) ____/____/____			
Name of Place of Worship (church, temple, synagogue, etc.)		Phone	Denomination
I can be contacted if my skills might be needed <input type="checkbox"/> Anytime <input type="checkbox"/> One Week's Notice <input type="checkbox"/> One Month's Notice <input type="checkbox"/> Never I am available <input type="checkbox"/> Anytime <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends I prefer to be contacted by <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> E-Mail			
<input type="checkbox"/> Work Address Street		City	Zip Code
<input type="checkbox"/> Home Address			
Home Phone		Fax	
Cell Phone		E-Mail	
How many Early Response Teams have you participated in the past 10 years? Number _____ How many Disaster Recovery Teams have you participated in the past 10 years? Number _____			
Primary Emergency Contact:	Full Name (and address if desired)		Relationship: Phone:
Secondary Emergency Contact:	Full Name (and address if desired)		Relationship: Phone:

Administrative <input type="checkbox"/> Clerical <input type="checkbox"/> Documentation <input type="checkbox"/> Inventory Management <input type="checkbox"/> Organizational <input type="checkbox"/> Photography <input type="checkbox"/> Warehousing/ Distribution	Medical <input type="checkbox"/> Crisis Counselor <input type="checkbox"/> CPR Trained <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Assistant <input type="checkbox"/> EMT <input type="checkbox"/> LPN <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Mortician Optometrist <input type="checkbox"/> Physician <input type="checkbox"/> RN <input type="checkbox"/> Other _____																																																																																																																
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Alabama-West Florida Conference

UMVIM Safe Sanctuary Policy

United Methodist Volunteers in Mission of the Alabama-West Florida Conference is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in trips, ministries, and related activities. As we accept the call to go into the world to serve others, and in keeping with our motto, “Christian Love in Action,” the AWF Conference UMVIM is committed to protect and advocate for children, youth, and vulnerable adults, and to provide an emotionally and physically safe, spiritually grounded, and healthy environment in which they are protected from abuse. The Board of Directors of the United Methodist Fellowship of Health Care Volunteers (UMF/ HCV), the health care component of UMVIM, fully endorses UMVIM guidelines. The Board also strongly recommends working in compliance with the local governmental health authority.

An UMVIM team is one that serves locally, nationally, or internationally where it is invited, works in a ministry endorsed by the host Methodist church, partner church or agency, or Non- Government Organization (NGO), and serves in cooperation with the local host group. The intent of these guidelines is to ensure that the presence of the team will not interfere with the authority and integrity of the local church leadership, thereby strengthening and upholding the local church. The team will have an UMVIM trained leader who provides training for the team, ensures completion of proper forms and insurance coverage and is in communication with annual conference and jurisdictional UMVIM leadership.

All persons who intend to participate in Alabama-West Florida Conference UMVIM events must be properly screened and all screening documents kept on file.

- A Missioner Profile and Release of Claim form shall be completed for each volunteer who participates and for each trip they participate in.
- Authorization for background report form shall be completed. The background report obtained based on this authorization will be valid for a three-year period.

Missioners will respect and serve those who participate in UMVIM ministries during trips, events, and/or activities; and will strictly avoid sexual, exclusive (actions that exclude a child, youth, or adult from activities) or other potentially harmful actions or relationships with children, youth, or other adults. Missioners should avoid even creating the perception that any of the described inappropriate behaviors have occurred.

It is recommended that two, non-related (by blood or marriage) adults always be present in groups of children except in emergency situations or where not reasonably feasible. When the two-adult rule is not feasible, a team leader or adult supervisor will be required to spot check and make frequent unannounced visits.

No adult who has been convicted of sexual or physical abuse, or child abuse or neglect, will be allowed to participate in an UMVIM trip, event, or activity.

All teams should be registered with the Alabama-West Florida Conference United Methodist Volunteers in Mission Coordinator (Project Commitment and Team Leader Agreement).

A suspected incident of abuse or inappropriate behavior, whether child, youth, or adult, must be reported to appropriate law enforcement agencies immediately, and to the Alabama-West Florida UMVIM Coordinator or Director of Connectional Ministries within 24 hours following the end of the trip, event, or activity where the suspected activity occurred.

Safe Sanctuary Covenant Statement

I have already complied with the requirements of this Safe Sanctuary Policy and provided this information. My background report is on file with the Alabama-West Florida Conference Office is Connectional Ministries.

I have read, received a copy, and agree to abide by the Alabama-West Florida United Methodist Volunteers in Mission Safe Sanctuary Policy. NO YES

Have you ever been convicted of, or pled guilty to crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse or neglect, other crimes of violence, theft, or motor vehicle violations)? NO YES

If yes, please explain fully:

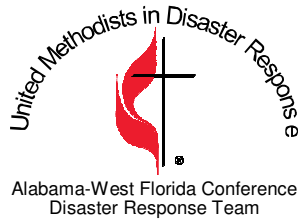
DATE

SIGNATURE

All teams should register with the Alabama-West Florida Conference United Methodist Volunteers in Mission Coordinator.

There is a processing fee per person. Please make checks payable to Alabama West-Florida Conference and return with a signed copy of the Safe Sanctuary Covenant Statement. Background report release forms, payment, and a team roster should be sent to the Alabama West-Florida Conference, UMVIM Coordinator, 4719 Woodmere Blvd, Montgomery, AL 36106.





Authorization for release of information and for the procurement of a background report

I consent to have a consumer report made as to my employment history, motor vehicle driving record, criminal record, and other pertinent information.

I hereby authorize The Alabama-West Florida Conference to obtain a background report containing the foregoing information.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to **Trak-1** within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby release, discharge, exonerate, hold harmless and indemnify **Trak-1**, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from **Trak-1**, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of **Trak-1**, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

DATE

SIGNATURE

Printed Name: _____ Social Security No.: _____ †

Address: _____ Birthdate: _____ †

City/State/Zip: _____

†Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.