

## PARTICIPANT INFORMATION

Montrose Zion United Methodist Church

565 N. Cleveland-Massillon Road, Akron, OH 44333 330.666.8809

FORM MUST BE COMPLETED IN FULL. PLEASE ANSWER ALL QUESTIONS.

First Name: Middle Initial: Last:

Address:

City/State/ZIP:

Home Phone: Work Phone: Cell Phone:

e-mail Address: (print clearly):

Birth Date (Month/Day/Year):

Current or last Employer (if student, name of school):

Name on Passport (your name must be shown exactly as written on your passport or passport application):

Passport #: Expiration Date:

If married, spouse's name:

Emergency Contact Name:

Phone: Relationship:

Are you a member of Montrose Zion UMC? How long?

Name and phone number of a church member who knows you well:

If not a MZUMC member, please list your church name, pastor, and name of a person who knows you well (include contact information):

Please describe the extent of your Christian education and where you have served. (Examples: Sunday School, Confirmation, Alpha, Disciple Bible, EDEN Eve, Habitat for Humanity...)

Why do you want to serve on this mission and how has God called you to serve on this particular mission?

Describe your cross-cultural living, training and/or travel experiences. What did you learn? What types of difficulties did you experience?

Do you speak a language other than English? If so, please list:

List of countries and dates of previous overseas volunteer or living experiences:

Please describe your strengths, your ministry gifts and skills (include medical and construction, but other gifts are also valuable – eg. Good listener, like to work with kids):

Do you anticipate having to raise funds for this trip? Please describe how you plan to raise the additional funds you will need (we ask you to share your plans in order to coordinate and avoid conflicting and competing efforts):

## TEAM COVENANT

### Montrose Zion United Methodist Church

Please read each statement, *initial after each one*, AND sign at the bottom of the page

**As a member of this team, I agree to:**

Remember that I am representing Montrose Zion United Methodist Church and, more importantly, Jesus Christ. I will seek to model Jesus in my behavior and attitude.

Be in prayer for my teammates, team leaders and for those with whom we will be in contact.

Remember that I am a guest visiting at the invitation of my hosts. I will respect their culture without judgment.

Remember that I have come to learn as well as to share. I will resist the temptation to inform our hosts about “how we do things.” I’ll be open to learning about other people’s methods and ideas.

Respect others’ view of Christianity in the context of their culture. I recognize that Christianity has many faces around the world, and that the purpose of this trip is to share the love of God and to experience faith lived out in a new setting.

Dress modestly, and to only bring luggage and possessions that are determined by the Mission Team to be appropriate for the service needs of the mission and the country’s culture.

Develop and maintain a servant’s attitude toward all nationals and my teammates. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.

Respect the thoughts and ideas of my hosts and team members. I will not dominate conversations or interrupt others when they speak, and will be patient and respectful of differing opinions.

Respect my team leader(s) and respond positively to his/her decisions. If conflict arises, I will refer to the team guidelines for handling conflict.

Refrain from criticism and gossip about our host(s) and my teammates.

Refrain from complaining, as I recognize that travel can present unexpected and undesirable circumstances; instead of complaining, I will be flexible, constructive, and supportive.

Remember not to be exclusive in my relationships and to make every effort to interact with all team members.

Refrain from any activity that could be construed as a special or romantic interest in a national or teammate.

Abstain from the use, purchase and possession of illegal drugs from the beginning of the trip to the end, including at the departure airports and en route.

Watch my language, refrain from discussing politics or other sensitive subjects, and avoid references to the military and to other religious groups or practices.

Refrain from teaching or practicing any belief that is not supported by the United Methodist Church.

Attend the mandatory mission training and follow-up meetings.

Participate actively in meetings as well as in mission through: sharing opinions, assisting in finding alternatives when necessary, assuming responsibilities and honoring decisions.

Keep confidential discussions and personal information shared among team members.

Remember that I can be sent home if there is an irresolvable conflict or lack of adherence to this Covenant.

\*On trips within the United States, an exception will be made for smokers who agree to abide by our Smoking Guidelines for Domestic Mission Trips.

**Signature**

**Date:**

## MEDICAL INFORMATION

Name:

Date of Birth:

Physician/Phone Number:

Additional Physician/Phone Number:

Health Insurance Company Name:

Policy Number:

Insurance Contact and Phone Number:

Supplemental Health Insurance Co. (if any):

Policy Number:

Insurance Contact and Phone Number:

Emergency Contact in U.S.:

Relationship:

City/State

Cell Phone:

Home Phone:

**Mission Trips can be extremely strenuous and stressful. They may include long plane, train or bus rides of 10-20 hours in duration. Travelers are required to carry their own luggage. Restrooms are not always readily accessible. There can be a considerable amount of walking between lodging and meeting locations, in addition to the possibility of climbing stairs. Some mission experiences require long hours of demanding work with limited time to rest. Sleeping arrangements may not be comfortable and, in most instances, you will share a room with one or more persons. Climate can vary from extremely hot in summer months to cold in winter, which could affect your overall strength and energy. Air quality may be poor in some locations and water quality varies. Foods are unique to each location. Mealtimes are not always consistent and the ability to meet specific dietary needs is often restricted. Access to emergency medical care is very limited on most international mission trips. We may request a medical statement from your doctor if there is any concern about your health and this specific mission trip. We also recommend that you contact your health insurance company to determine whether medical treatment overseas is a covered expense.**

**The following immunizations are required to be current:**

All Trips: Tetanus/pertussis

**The following immunizations/medications are highly recommended:**

Hepatitis A and B (Note: This vaccine series should be initiated at least 6 months before your trip)

IPV (inactivated polio vaccine)

Influenza vaccine (seasonal)

**Please consult with your personal physician about all medications and immunizations. Each mission trip may have different vaccines/preventive measures, so attendance of meetings related to your mission is critical.**

**Other immunizations/medications may be recommended for the area where you will be traveling. Please check the CDC website [www.cdc.gov](http://www.cdc.gov) for information about immunizations and prophylactic (preventive) medications specific to your destination.**

Please fill out this form completely and in detail. It is very important for your safety and the success of the mission trip that the information you provide is up to date, honest and accurate. Any questions or concerns you have about this form or your medical appropriateness for the mission experiences can be directed to the Montrose Zion UMC representative in charge of this mission. If you have chronic medical or mental health conditions, a letter clearing you for participation in this mission experience from your doctor may be required.

**Failure to disclose pre-existing medical conditions that present complications during your mission trip may result in sending you home at your expense. Pre-existing conditions also have limited coverage under international health insurance policies. You may be financially responsible for any medical treatment for pre-existing conditions.**

If you have any unstable or complicated medical/psychiatric conditions, limited physical conditioning and endurance, are significantly overweight or have very specific dietary needs, national or international mission experiences may not be appropriate for you. Please consider how you can serve in missions locally or in less strenuous environments.

**Please place an x in the box next to any of the following medical conditions that you have:**

- Allergies
- Arthritis
- Asthma
- Bleeding Disorders
- Chronic Anxiety
- Depression
- Diabetes
- Dietary Restrictions
- Fibromyalgia
- Gastrointestinal Disorders
- Glaucoma
- Hearing/vision Problems
- Heart Disease
- Hypertension
- Hypoglycemia
- Migraines
- Obesity
- Physical Limitations
- Seizures
- Sleep disorders
- Back or Neck Problems
- Other

Describe any condition checked, current course of treatment, and limitations that the Team Leader or designated Medical Person needs to know in order to better assist in your comfort and care.

**Medications/Prescriptions**

Are you currently taking or do you regularly take any medications (including over-the-counter medicines)? If so, please list and explain the indication for each medication. Indicate which medications are prescriptions and which are non-prescriptions as well as dosages and known side effects or significant interactions.

**BLOOD TYPE**            *(optional)*

**In the event of an emergency while you are traveling abroad, would you:**

- Consent to a transfusion with blood/blood products available in the country where you are traveling?  
Yes or No (circle one)
- Consent to a transfusion with blood products from a compatible donor within your mission team if one exists?  
Yes or No (circle one)
- Prefer that no blood/blood product transfusions be given to you under any circumstances even if life threatening?  
Yes or No (circle one)
- Be willing to donate blood/blood products for use by a team member if your blood is found to be compatible?  
Yes or No (circle one)

**MISSION TRIP MEDICAL RELEASE**

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*Country:*

*Trip Dates:*

I,

(participant)

authorize,

(another adult on trip)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care rendered to me under the general or specific supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above.

**My medical information and history, including physician and insurance information, have been provided in the signed medical information form required in order to participate in this mission trip, which I confirm is accurate.**

Signature:

Date:



### Mission Trip Notification of Emergency

Please indicate the name and communication information of three individuals (in order of priority) who should be contacted in the event of an emergency and who are authorized to make decisions on your behalf.

Contact #1 \_\_\_\_\_

Phone no. \_\_\_\_\_(H)\_\_\_\_\_ (W)\_\_\_\_\_ (C)

Contact #2 \_\_\_\_\_

Phone no. \_\_\_\_\_(H)\_\_\_\_\_ (W)\_\_\_\_\_ (C)

Contact #3 \_\_\_\_\_

Phone no. \_\_\_\_\_(H)\_\_\_\_\_ (W)\_\_\_\_\_ (C)