



WildFire! Missions 2008 Confirmation Packet

Participant Name (Last, First)

Church Name

Name _____
(Last, First, Middle Initial)

Sex: [] Female [] Male

Name for nametag: _____

Personal Information:

Address _____

City _____

State _____ ZIP _____

Home Phone (____) _____

Name of Parent _____

Emergency Phone (____) _____

Other Phone (____) _____

Participant's Email Address _____

Birthdate _____

Church Name _____

Church City / State _____

Year in high school this coming fall (08 -09 school year):

(circle one)

Freshman Sophomore Junior Senior

H.S. Graduate Counselor (22 yrs. +)

Have you registered at www.WildFireUMC.org? Yes No
(This is not mandatory, but it will provide you with information updates)

T-shirt size: (circle one) S M L XL XXL XXXL

Date of Last Tetanus Shot _____

(10 Years Maximum - This is mandatory!!!!)

How many past mission trips have you attended? _____

ADDITIONAL HEALTH INFORMATION:

List current medical conditions. Is there anything else our physician should know? Do you have any health conditions that require consideration when assigning your work project? You may write on the back if necessary. _____

Allergies:

(Please check ONE. If there is not enough space provided, feel free to write on the back.)

Has no allergies

Has the following allergies

Food: Type: _____, Reaction: _____

Medications: Type: _____, Reaction: _____

Other: Type: _____, Reaction: _____

Medications:

(Please check ONE. If there is not enough space provided, feel free to write on the back.)

Not taking any medication

Is taking the following medications

Type: _____, Reason for taking: _____

Type: _____, Reason for taking: _____

NOTE: If parents do not feel comfortable with their youth handling their own medications, please make a note on this form and our physician will administer them.

Dietary Restrictions: _____

Family Physician: _____ Physician Phone #: _____

RELEASE OF ALL CLAIMS

WildFire! Missions 2008

Participant Name (Last, First)

Church Name

In consideration for being accepted by WildFire! for participation in the WildFire! Missions 2008 trip to Rockford, Illinois for July 20 -July 26, 2008, I (we) being 21 years of age or older, do for myself (ourselves) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to forever hold harmless Rockford Urban Ministries, Northern Illinois Annual Conference – United Methodist Church, Wisconsin Annual Conference – United Methodist Church, WildFire! Youth Missions & Ministry, the directors, the officers, employees and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described work-camp, which shall include travel between the child's home and the camp, excursions from the camp and time spent at the camp.

Furthermore, I (we) (and on behalf of our child-participant if under the age of 21 years) hereby assume all risk of said personal injury, sickness, death, damage and expense as a result of participation as above set forth.

Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food and lodging for and to assign work projects to this participant.

The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, officers, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in said work-camp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume all transportation costs. *I (we) understand that the discovery of drugs, alcohol, tobacco, fireworks, or firearms of any kind by the participant will result in an immediate disciplinary action!*

Family Insurance Information:

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

This information will be required in the event that your child will need to be taken to a local Health Department or Hospital Emergency Room.

I have stapled a copy of the front and back of our insurance card to this form

If under 21, your parent or legal guardian must sign this release, along with your pastor. If over 21, all that is required is the participant's signature, along with your pastor.

(Print Participant's Name)

(Signature of Parent, Guardian, or Participant if over 21)

(Parent or Guardian's Daytime Telephone)

(Pastor's Signature)

(Pastor's Telephone)



Mission Volunteers Office
475 Riverside Dr., Suite 1400
New York, NY 10115
Tel (212) 870-3825
Website: <http://missionvolunteers.org>

UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION Please print legibly in black or blue ink, and sign the Release of Liability. Couples must fill out separate forms. Reproduce as needed.

First Name _____ Middle Initial _____ Last Name _____

Birth date (month/day/year) ___/___/___ **Member Church (Name & City):** Wildfire! Rockford / WI Annual Conference

Home Street Address (including apartment #), or PO Box: _____

City, State & Zip Code (+ additional 4 digit zip code if known): _____

Phone: (____) _____ **E-mail address:** _____

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

Date of Departure (month/day/year): 07/20/2008 **Date of Return (month /day/year):** 07/26/2008

Sponsoring organization: Wisconsin Annual Conference **UMVIM project name:** Rockford Urban Ministries

Type of team: []Medical [x]Construction []Other (specify): N/A

Destination (if in the U.S., city & state; if abroad, name of country): Rockford, Illinois, United States of America

Team Leader / Coordinator 1: David McDonald **2:** Loretta (Lori) McDonald

These are legal statements, and you may wish to review them with an attorney:

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 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, and I, my heirs, personal representatives and assigns, hereby absolve the General Board of Global Ministries of The United Methodist Church 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.

Participant Signed: _____ Date _____ / _____ / _____

Parent Signed _____ Date _____ / _____ / _____
(If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required)

Witnessed by _____ Date _____ / _____ / _____

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 GBGM, UM Committee on Relief (UMCOR), UM Volunteers In Mission (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 GBGM by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release GBGM 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://gbgm-umc.org/vim/mvdb/policy.htm>.

Participant Signed: _____ Date _____ / _____ / _____

Parent Signed _____ Date _____ / _____ / _____
(If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required)

NOTES:

- 1) This insurance policy is for participants in UMVIM work projects which are either listed in the Jurisdictional & Mission Volunteers websites (see <http://gbgm-umc.org/vim/umvimmap.htm>), Advance specials, or involve working with GBGM missionaries. 2) We try to accommodate applications up to the last minute, but please try to mail them 1 month before departure, in 1 batch (not separately), & pay with 1 check (not separate checks). Check should accompany applications. 3) Attach cover sheet stating a) team leader's or coordinator's name, address, phone, & email, b) destination, c) names & # of persons per each distinct set of dates of coverage (i.e. having same dates of departure AND return), as letter of coverage is drawn up per # of persons with same dates. 4) Make check payable to: General Board of Global Ministries, at \$.75 per person per day, including days of departure & return (in subtracting departure from return date, add 1 to the difference to get correct # of days). 5) NO cancellations. 6) Don't fax applications. 7) Address envelope to: Mission Volunteers, Room 1400, 475 Riverside Dr., New York NY 10115. 8) Team leader/coordinator will be sent a copy of our letter to insurance company for team coverage. (12/12/07, Rev: 4/14/08 DBM)

WORK EXPERIENCE INVENTORY

Participant Name (Last, First)

Church Name

To complete this inventory, check the statement that best describes your work experience in each of the four areas below. Please give an accurate assessment of your experience. You'll be assigned to a crew and project based on this information. The types of tools you will use at this work camp are also based on your work experience.

Painting

Experience

1. I have no experience.
2. I've helped someone paint a room or the exterior of a house.
3. I've helped someone paint a single-story house using a ladder.
4. I've painted a two-story house using a ladder.
5. I have extensive painting experience.

Interest

6. I really would enjoy painting.
7. I would rather not paint.
8. It doesn't matter to me.

Dry Walling

Experience

1. I have no experience.
2. I've used spackling to repair holes in a wall.
I've used a small piece of sheetrock, tape and joint compound to repair holes in a wall or ceiling.
3. I've helped remove and install new sheetrock (measure, cut, nail or screw, tape and smooth the joints).
4. I have extensive drywall experience.

Interest

6. I really would enjoy dry walling.
7. I would rather not work with dry wall.
8. It doesn't matter to me.

Roofing

Experience

1. I have no experience.
2. I've helped patch a roof leak with tar or ARC.
I've helped patch a minor leak by removing and replacing a small section of roofing.
4. I've helped remove old roofing and install roll roofing.
5. I've helped remove old roofing and installed shingles.
I've completed major roof repairs, including rafter and deck work.
7. I have extensive roofing experience.

Interest

8. I am afraid to work on a roof.
9. I'm not afraid to work on a roof.
10. I really would enjoy roofing.
11. I would rather not roof.
12. It doesn't matter to me.

Carpentry

Experience

1. I have no experience.
2. I know how to swing a hammer.
3. I've helped with small carpentry repairs around the house.
4. I've measured, cut and nailed various sizes of lumber.
5. I've helped someone with minor remodeling.
I've completed major remodeling (moved walls, replaced doors and windows or added a room or porch).
7. I have extensive carpentry experience.

Interest

8. I really would enjoy carpentry.
9. I would rather not work in carpentry.
10. It doesn't matter to me.

Teaching

Experience

1. I have no experience.
I have been a helper at Sunday School or Vacation Bible School.
2. I have done some teaching at Sunday School or Vacation Bible School.
3. I am a professional teacher.

Interest

5. I really would enjoy working with VBS.
6. I would rather not be working with VBS.
7. It doesn't matter to me.

Are you afraid of heights? _____

Briefly describe your home repair, construction experience, and occupation: _____

Participant Name (Last, First)

Church Name

WildFire! Mission Trip Rules of Conduct

As representatives of Christ and His Church, we the participants in this WildFire! Mission Trip take seriously our responsibility to care for one another. This covenant represents our affirmation of our concern for the well being of the total community. We covenant with each other to insure the safety of all, to make our time together most meaningful, and to care for the facility which we share.

In addition to our general concern for our community, we agree specifically to:

- Not complain.
- Leave vehicles parked and unoccupied.
- Remain on the site unless having been given permission to leave.
- Attend all activities including meals.
- Observe scheduled curfew by being in rooms, quiet, and not disturbing others.
- Never enter the room of someone of the other gender.
- Not use tobacco products.
- Not bring animals, weapons, illegal substances, explosives, fireworks, alcohol, or dangerous materials.
- Respect the person, equipment, and property of others. (This should be considered when considering practical jokes, water fights, use of shaving cream, etc. Do no harm to others.)
- We will use language, behavior, and attitudes, which are consistent with the Christian faith.
- We agree to participate in every program session and group meeting.
- Not bring electronic devices (Walkman, Discman, Gameboy, etc.).
- Not bring cell phones and use an adult's cell phone only during designated times.
- Abide by the nightly lights out and quiet times
- An element of modesty should be a part of our Christian witness. We agree to wear T-shirts (as opposed to tank tops, sleeveless shirts, or no shirt). We will not wear midriff shirts, strapless shirts, or short shorts. We understand that this dress code is in effect both in our free time and on the work site. We understand that if appropriate clothing is not brought on the trip, then appropriate clothing will be provided.

This covenant is made between each person and the whole group. In the case of a broken covenant, the group will be represented by members of the Adult Leadership Team. I understand that if I break the covenant and if the brokenness cannot be reconciled, I may be sent home at my own expense.

Signature

Date