

PERSONAL CHECK LIST – Domestic Mission Journeys

Clothing – temperate climates

Work – Light weight slacks or jeans. T-shirts, or other work shirts. Long sleeve for cooler climate and/or heavier construction. Change of clothes for each work day.

Evenings – Casual clothes. For some locations shorts are not appropriate outside of the work team camp, especially for women.

- _____ 1 or 2 pairs of work shoes or sneakers
- _____ One pair of non-work shoes and/or boots
- _____ Jacket, sweater, or sweatshirt for early a.m./evenings, depending on climate
- _____ Hat, sunscreen, sunglasses, insect repellent
- _____ 2 or 3 pairs of work gloves.
- _____ Tools for work site – see separate list for each team.
- _____ Towel(s) and wash cloth. Hanger to allow drying between uses
- _____ Bedding as required for location. May include sheets and blankets, pillows, sleeping bag
- _____ Air mattress or cot depending on location
- _____ Flashlight and batteries.
- _____ Water bottle for use at work site
- _____ Medications
- _____ Contacts, glasses, solutions, etc.
- _____ Soap, shampoo, lotions, toothbrush, toothpaste and other toiletries
- _____ Travel alarm
- _____ Camera, battery recharger, memory cards if needed.
- _____ Drivers license
- _____ Credit cards and cash. Depending on location, credit cards may not be accepted.
- _____ Medical Insurance card
- _____ Rain gear – poncho preferred.
- _____ Devotional materials
- _____ Bible, notebook, pens
- _____ Games or other evening entertainment
- _____ Snack food to share in evenings
- _____ Music, guitar, keyboard, etc.
- _____ Earplugs
- _____ Games (cards, Farkel, Dominoes, etc.)
- _____ Smiling, loving faces and a positive Christian spirit!
- _____ EYE PROTECTION

Commitment And Preparation

Be fully committed to the team and each other.

Have an unselfish spirit.

Commit your energies and priorities to serving God and others.

Lay aside your desires for fun, relaxation and personal ego.
There will be a time and place for work and pleasure.

Have a positive outlook for learning from our Hosts.

Be willing to learn something new about yourself and the world.

Adapt! You may have to exist in conditions which you do not enjoy.

Be flexible! You may have to work next to someone you don't enjoy.

Do all things without complaining.

Be willing to do anything and look out for the needs of each other.

Be thankful that God sent you.

You will be an example of Christ. May your attitude reflect this love to the people you serve, that you have given yourself for them.

Part 1: Mission Trip Application - CLUMC

- One per Team Member Part 1-4, and Mission Covenant
- Permission for Minor to travel for any 18 yrs. and under
- Team leader will take original and leave a copy with the church

NAME & LOCATION of PROJECT: _____

Team Dates: _____

Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City, State, and Zip: _____ Cell Phone: _____

Age: _____ Sex: _____ E-mail address: _____

Passport Number: _____ Date of Issue: _____

Place of Issue: _____

Occupation: _____ Languages: _____

Hobbies/Interests: _____

Health Care Specialties: _____

Mission Experience & Locations: _____

Name of Church: _____ Phone: _____

Church Address: _____

Annual Conference _____

Date of Safe Sanctuaries Certification: _____

Part 3: Medical Information and Release:

I, _____
Authorize _____ (Adult team member) to
consent to any necessary examination, anesthetic, medical diagnosis, surgery, or
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 they practice, during the duration of the trip
identified below.

Mission Trip or Activity _____

Date of Trip _____

Family Doctor _____

Doctor's Telephone _____

List health problems or special needs, etc. _____

List any allergies _____

List all medications _____

Medical Insurance _____ (Carrier),

_____ (Policy #).

Carrier's Telephone _____

- If I am ill at the time of trip departure, I will notify the Team Leader immediately.
- If requested, I will attain a Doctor's release to show I am not contagious.

Part 4: Liability Release Form

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of The United Methodist Church, the Partners In Mission Board of the South Central Jurisdiction of the United Methodist Church, the Texas Annual Conference United Methodist Church Partners in Mission, the Texas Annual Conference of The United Methodist Church and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the following project: _____ (name and location of project) The undersigned has been advised and understands that the Project may involve unusual risks to participants in the project. Those risks may involve, among others, the following:

Dangers resulting from disease; from civil insurrection or warfare of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post warfare hazards such as land mines; from geography such as high mountains which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heat. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have against the General Board of Global Ministries of The United Methodist Church, the Partners In Mission Board of the South Central Jurisdiction of The United Methodist Church, the Texas Annual Conference of The United Methodist Church, Clear Lake United Methodist Church and any related agency, conference, district, local church, member, employee or agent related to participation or involvement in the above described project.

Participant's Signature _____

Notarization of Liability Release, Medical and Notification of Death Forms

STATE OF _____

PARISH OR COUNTY OF _____

On this _____ day of _____, _____ year, before me personally appeared _____ to me known

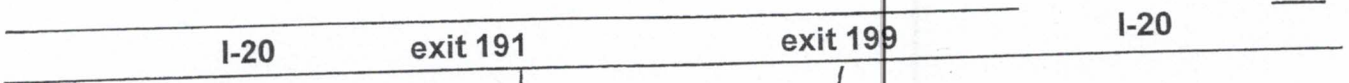
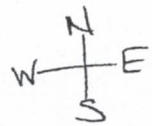
to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____

County/Parish _____

State of _____

My Commission Expires _____



I-20

exit 191

exit 199

I-20

Hwy 431

Hwy 9

THIS MAP IS NOT TO SCALE, Roads are not as straight as they appear. Please note approximate mileage in blue

9 mi.

10 mi.

□ SIFAT sign

11 mi.

Hollis Crossroads. 4-way stop sign

Spur gas station.

(Turn west right beside the Spur Station.)

Foster's Crossroads

CR 58

CR 82

Fuller Crossroads

3.7 mi.

Hwy 9

SIFAT

Hwy 431

1.4 mi.

CR 113

4-way stop sign

Mad Indian Quickstop (small gas station)

Lineville

6.5 mi.

Hwy 48

lake
bridge

Wedowee

8 mi.

