



CHECKLIST OF YOUR RESPONSIBILITIES

This will help you as you organize for your Mission Team to Oak Hill and Fayette County, West Virginia. As you complete your responsibilities, please check off the appropriate box.

FULL NAME _____ DATE OF BIRTH _____

Street Address _____

City _____ State/Zip _____

Day Phone _____ Nigh Phone _____

Fax Number _____ Email Address _____

Cell Number _____ Occupation/Former Occupation _____

Church _____ District _____

Emergency Contact _____ Relationship _____

Someone at home while you are working in Oak Hill, West Virginia

Street Address _____

City _____ State/Zip _____

Mail this form and all others to:

Oak Hill United Methodist Church
250 Main Street
Oak Hill, WV 25901

Please help us provide meaningful work for you and your group by sharing any skills you might have.

Skills Inventory: (Please check a box for each category)

<u>Skill</u>	<u>Poor</u>	<u>Average</u>	<u>Good</u>
Painting			
Electrical			
Plumbing			
Carpentry			
Roofing			
Drywall			
Power Tools			
Flooring			
Other			



OAK HILL UNITED METHODIST CHURCH
MISSION TEAM TO OAK HILL AND FAYETTE COUNTY
LIABILITY RELEASE FORM

Representatives of the Oak Hill United Methodist Church will do everything reasonably possible to ensure the health and safety of every individual participant to our programs. However, any travel and volunteer work have inherent risks such as accidents, injuries, or illness. To limit these risks, participants should have health insurance coverage that covers them while traveling and we encourage participants to take practical measures to ensure their own safety and health while traveling. Nevertheless, it is impossible for any organization to cover the potential, limitless liability. Therefore, we ask that each participant acknowledge the potential risk to persons or property and release the Oak Hill United Methodist Church, the Oak Hill United Methodist Pastor, members of the church's Missions Committee or any designated director or co-directors (or any other designated team leaders) for liability related to illness, accident, injury, death, or loss or damage to one's belongings while participating in this program. Please complete this form and return it to:

Oak Hill United Methodist Church
250 Main Street
Oak Hill, WV 25901

No one will be permitted to participate in this program without signing this release form.

LIABILITY RELEASE FORM

I understand the potential personal and property risks associated with any travel, volunteer, education, and missions programs. I certify that I am participating in this program of my own violation and I accept complete responsibility for abiding by the safety and health recommendations provided by our sponsoring organizations and/or any other leaders of the Mission Team to Oak Hill United Methodist Church, I understand and agree that I shall take full and complete responsibility for my own actions and shall accept complete responsibility for the payment of the damages that may result from them. I understand that the Oak Hill United Methodist program assumes no liability of any personal harm, illness or death that may come to me and assumes no liability for loss or damage to any property. I, my heirs, my personal representatives and assigns, in consideration of my admission to this program, hereby absolve the Oak Hill United Methodist Church and the members, officers, directors, agents, designated group leaders, and employees and hold them harmless from any claim or demand which I or my heirs, personal representatives or assigns might conceivably assert for any such accident, injury, illness, death, or property loss or damage. I, the undersign, have read this release and waiver and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I certify that I am over the age of eighteen years and therefore am legally qualified to sign this release and waiver agreement.

Participates (or parents) Signature: _____ Date: _____

Oak Hill United Methodist Church Representative: _____ Date: _____

***(A parent or legal guardian must sign for those under the age of eighteen)
Failure to sign will be a reason for disqualification from the
Mission Team to Oak Hill United Methodist Church.***



OAK HILL UNITED METHODIST CHURCH
MISSION TEAM TO OAK HILL AND FAYETTE COUNTY
MEDICAL INFORMATION FORM

TO HELP ASSIST IN RESPONDING TO ANY EMERGENCY SITUATION, PLEASE COMPLETE THE FOLLOWING AND RETURN IT TO:

Oak Hill United Methodist Church
250 Main Street
Oak Hill, WV 25901

NAME: _____ DATE OF BIRTH _____

BLOOD TYPE: _____ DATES OF TRAVEL: _____

TEAM LEADER: _____ DESTINATION: _____ Oak Hill , West Virginia

1. PLEASE LIST ALL CUREENT MEDICATIONS, DOSAGE, AND ANY OTHER INFORMATION WHICH WOULD BE HELPFUL DURING AN EMERGENCY.
2. LIST ALLERGIES TO FOOD MEDICATION, INSECTS, OR OTHER ITEMS:
3. LIST ANY PHYSICAL LIMITATIONS OR CONDITIONS SUCH AS HEART PROBLEMS, DIABETIES, OR SEI-SURES THAT YOU ARE CUREENTLY EXPERIENCING.
4. LIST ANY PHYSICAL LIMITATIONS OR CONDITIONS YOU HAVE EXPERIENCED IN THE PAST AND THAT YOU MAY BE PRONE TO IN THE FUTURE.

HEALTH INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____ INSURANCE CONTACT (NAME & PHONE): _____

SUPPLEMENTAL HEATH INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____ INSURANCE CONTACT (NAME & PHONE): _____

EMERGENCY CONTACT IN THE USA (NAME): _____

RELATIONSHIP: _____

Street Address _____

City _____ State/Zip _____

DAY PHONE: _____ NIGHT PHONE: _____