



UNITED METHODIST VOLUNTEERS IN MISSION
The Florida Conference of The United Methodist Church
 450 Martin Luther King, Jr. Ave., Lakeland, FL 33815 - 1522

Tel: 800-282-8011 x 195
 Fax: 863-680-1912
 flumc-missions.org

Please submit no later than 2 weeks before date of departure to Katherine Lain, Administrative Assistant at klain@flumc.org.

MISSIONER PROFILE

First name _____ Middle _____ Last _____

Home Street Address _____

City, State, Zip Code _____

Email _____ Work Ph _____ Home Ph _____

Date of birth (mm/dd/yy) _____ Sex _____ Nationality _____

Passport # _____ Where issued _____ Exp date (mm/dd/yy) _____

District _____ Local church _____

Team leader _____ Project Host _____

Project location (city/town and country) _____

Project Description _____

Date of Departure(mm/dd/yy) _____ Date of return _____ Total # days _____

Emergency contact: _____ Relationship _____ Ph _____

Participant's Physician _____ Physician's Phone Number _____

Allergies and Medications _____

For Team Leader ONLY: When did you complete UMVIM Team Leader training? (mm/yy) _____

In consideration of the opportunity to participate in the project described above as a volunteer, and in consideration of other obligations incurred by the mission organization, please review the following agreement and sign below:

- I agree to share my faith in an appropriate Christian manner
- I agree to cooperate at all times with the team leader concerning our work and life together and to stay with the team from beginning to end.
- I agree to abstain from offensive habits while on the mission. (The use of alcohol and tobacco is unacceptable for Christians in many countries.)

In witness whereof, I have executed this agreement at (City,State) _____

Date (mm/dd/yy) _____ Signature _____