

# Frazer Mission Trip Checklist

## APPLICATION PACKET

Submit a completed application packet and \$250 deposit to the Missions Office.

This includes the following items:

- FORM A – Application (completed and signed)
- FORM B – Team Covenant (signed)
- FORM C – Medical Information (completed and signed)
- FORM D – Medical Release Form (Notarized)
- FORM E – Liability Release Form (Notarized)
- FORM F – Death Notification (Notarized)
- FORM G – Background Check
- FORM H - Parental consent (Notarized)

A \$250 deposit (nonrefundable\*); checks should be payable to **Frazer United Methodist Church**, with the **trip name or code** on the memo line)

PASSPORT PHOTO PAGE – A clear color photocopy of the photo page of your valid U.S. passport, which does not expire within six (6) months of the trip return date and has at least two (2) blank pages.

## REQUIRED TRAINING

- \_\_\_\_\_ Acts 111 [www.act111.org](http://www.act111.org) online training
- \_\_\_\_\_ Back Ground check
- \_\_\_\_\_ Mission Trip Training and Commissioning

## PAYMENTS

It is suggested that two months prior to the trip participants should submit 50% of the balance due for the trip with the remainder due at the time of training. All checks should be payable to **Frazer United Methodist Church** with the **trip name** on the memo line.

## IMMUNIZATIONS

Complete immunizations as recommended for your destination. (See Medical Information Form for specific details.) Please consult with your personal physician and for more information check the CDC website: [www.cdc.gov](http://www.cdc.gov)

**Missions Office – ATTN: Butch McPherson**  
Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117  
334-272-8622, Fax 334-277-5999  
[Butch@frazerumc.org](mailto:Butch@frazerumc.org)

\* Upon receiving the completed trip application, and prior to approving the application, Frazer United Methodist Church may review all pertinent information (including that provided by references) relating to the applicant's interest in serving on a particular mission trip. Additionally, if the Frazer Mission Management Team has any questions regarding the applicant's responses or physical ability to serve on a specific trip, a personal interview may be requested. Frazer Mission Management Team will make the final decision regarding an application, if there are any questions or concerns, and the decision is final.

Once an application has been accepted for a specific trip, the applicant will be notified of the acceptance promptly via letter, email or phone call. If, for any reason, an application is denied, the \$250 deposit will be refunded in full. Acceptance of an application is **always** contingent on the applicant successfully passing the required background checks.

Upon completion of the training requirements, specifically Child Protection Training (Safe and Sacred Spaces), if a person is denied certification as a result of the background check a 100% refund will be made. All information provided, *all information related to these investigations and the results are kept confidential. Applicants will not be notified of the reasons for denial.*

# Form A – MISSION TRIP APPLICATION

Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117  
334-272-8622

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

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

Title (Circle) \_\_\_\_\_ Name \_\_\_\_\_  
Mr. Mrs. Miss \_\_\_\_\_  
Rev. Dr. Other: \_\_\_\_\_  
Last/Family \_\_\_\_\_ First/Given \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address (print plainly): \_\_\_\_\_  
Birth Date (Month/Day/Year): \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Current or last Employer (if student, name of school): \_\_\_\_\_

**All trip participants 16 and over must complete the Acts 111 [www.act111.org](http://www.act111.org) Evangelism Training**

Date of training \_\_\_\_\_ If not trained, date of anticipated training class \_\_\_\_\_

Name on Passport (print clearly your name as shown exactly printed on your passport or passport application):

Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If not a U.S. citizen, list citizenship country: \_\_\_\_\_

Country/State/City of Issue: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a member of Frazer United Methodist Church? How Long? \_\_\_\_\_

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

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

In which ministry areas of the church have you served?

Please describe the extent of your Christian education, if any – i.e., Sunday School, Confirmation, Alpha, Disciple Bible, , Spiritual Gifts, seminary, etc?

Why do you want to serve on this mission?

Why do you believe God has called you to serve on this particular mission?

Do you have any difficulty working with Christians who may have doctrinal viewpoints different from your own?

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 countries and dates of previous overseas volunteer experiences:

Please describe your strengths, your ministry gifts and skills:

Please describe areas in which you desire growth in your personal and spiritual life:

How do your immediate family members feel about your leaving on this mission trip?

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 conflict and competing efforts. Please review the fundraising guidelines for Mission Ministries.)

Have you ever been denied a travel visa or had a travel visa revoked? If so, for which country and what were the circumstances?

Do you have difficulty receiving and following direction from a team leader? If so, how do you propose to overcome this?

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed application packet including:**

- A color photocopy of the photo page of your valid U.S. passport, which does not expire within 6 months of the trip return date and has at least 2 blank pages.
- A \$250 non-refundable deposit (checks should be payable to **Frazer United Methodist Church**, with the **trip name or code** on the memo line).

**Return to: Missions Office – ATTN: Butch McPherson  
Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117**

This application will not be considered until all of the fully completed materials listed above are received. Upon receiving these materials, and prior to accepting the application, Frazer United Methodist Church may review all pertinent information (including that provided by references) relating to the applicant's interest in serving on a particular mission trip. Additionally, if the Missions Steering Team has any questions regarding the applicant's responses or physical ability to serve on a specific trip, a personal interview may be requested. The Missions Steering Team will make the final decision regarding an application, if there are any questions or concerns.

Once an application has been accepted for a specific trip, the applicant will be notified of the acceptance promptly via letter, email or phone call. If, for any reason, an application is denied, the \$250 deposit will be refunded in full. Acceptance of an application is **always** contingent on the applicant successfully passing the required background checks.

Upon completion of the training requirements, specifically Child Protection Training (Safe and Sacred Spaces), if a person is denied certification as a result of the background check or the state's Social and Rehabilitation Services Check (SRS), a 100% refund will be made. *All information related to these background investigations is kept confidential. Applicants will not be notified of the reasons for denial.*

# Form B – MISSION TEAM COVENANT

Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117  
334-272-8622

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

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

- Remember that I am representing Frazer 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 Frazer Mission Ministries 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 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 alcoholic beverages, tobacco\* and illegal drugs from the beginning of the trip to the end, including at the departure airports and in 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 Frazer Mission Training and Acts 111 [www.act111.org](http://www.act111.org) as well as 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* 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*.

# Form C – MISSION TRIP MEDICAL INFORMATION

Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117  
334-272-8622

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

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: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mission trips can be extremely strenuous and stressful. They may include long plane, train or bus rides of 10 to 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.

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

All Trips: Tetanus/pertussis

All Trips: TB skin test

All Africa—Typhoid

Democratic Republic of Congo Only—Yellow Fever—Proof of Vaccination will need to be carried with your passport.

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

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

IPV (inactivated polio vaccine)

Influenza vaccine (seasonal)

Haiti, Honduras and Africa trips: Malaria prevention

International Trips: General Antibiotic to take with you for precaution.

***Please consult with your personal physician about all medications and immunizations.***

**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 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 experience can be directed to Frazer Mission Department advisory team. 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 preexisting 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 preexisting 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 check if you have any of the following medical conditions:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Fibromyalgia               | <input type="checkbox"/> Obesity               |
| <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Gastrointestinal disorders | <input type="checkbox"/> Physical Limitations  |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Glaucoma                   | <input type="checkbox"/> Seizures              |
| <input type="checkbox"/> Bleeding Disorders   | <input type="checkbox"/> Hearing/vision problems    | <input type="checkbox"/> Back or Neck Problems |
| <input type="checkbox"/> Chronic Anxiety      | <input type="checkbox"/> Heart Disease              | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Depression           | <input type="checkbox"/> Hypertension               |  |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Hypoglycemia               |  |
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Migraines                  |  |

Is there anything the Team Leader or designated Medical Person needs to know about the above checked conditions 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 prescription and which are non-prescription as well as dosages and known side effects or significant interactions.

**Allergies**

Do you have any allergies to medications, foods, insects or other items? Please explain in detail. (Please note: If you have any serious allergies you are responsible for bringing with you an Epipen and any medications required to manage allergic reactions on an emergency basis. You must be educated and trained in the use of the Epipen and treatment of acute reactions by your doctor before going on any mission trip. An emergency action plan created by you and your doctor should be provided to the trip leader.)

**Gastrointestinal**

Do you have any gastrointestinal problems or special dietary needs? Please explain in detail. (Please note: The access to foods appropriate for your dietary restrictions may be very limited. If you have gluten sensitivity or other gastrointestinal problems requiring a special diet or you are a vegetarian, you must provide with this application a comprehensive list of foods that can and cannot be eaten and indicate any preparation restrictions that are necessary. If your needs cannot be met on the mission trip you will be notified. You will be responsible for bringing an adequate supply of nutritious foods to substitute for meals and snacks when the foods that are available are not acceptable.)

**Sleep Disorders**

Do you have any sleep disorder, sleep apnea or severe snoring? If so, please explain in detail. How is this problem being treated? (Please note: Trip participants using CPAP machines at night or with severe snoring may be asked to sleep in a separate room to prevent sleep disruption for the rest of the team.)

**Diabetes**

Do you have insulin dependent diabetes? All diabetics should have adequate insulin supplies and equipment, glucose tablets and appropriate snacks for management of hyper/hypoglycemia while traveling.

**General Health**

- Do you have any physical/psychological conditions that could limit your ability to perform the ministry of this particular mission trip?
- Have you had any surgery, major health problems or hospitalizations in the past two years? If so, please explain.
- Are you currently under a doctor's care for any medical conditions? Have you been evaluated or treated by a physician in the last 3 years? Please list the conditions for which you are being followed and the names and phone numbers of the physicians who manage your care.
- List any medical conditions or limitations you are experiencing (i.e., heart problems, seizures, asthma, and diabetes) and the current management of these conditions. (Please note: It is expected that you will discuss with your physician how to handle these conditions in a medically remote area should you have problems. You should bring additional medications that might be needed and review your medical needs and treatment with the Healing Hands medical advisor and trip leader.)
- List any physical conditions or limitations that you have experienced in the past, are currently experiencing or might be exacerbated while traveling abroad (i.e., arthritis, back or neck problems, poor physical conditioning). How will you manage these problems on the trip?

- Have you been seen by a mental health professional in the past 5 years? Have you been diagnosed with any psychiatric conditions (i.e., depression, anxiety, bipolar disorder, phobias)? Are you taking any medication to treat this condition currently? Is your condition stable?
  
- Do you have any hearing or vision limitations?
  
- Please assess your overall health. Excellent, very good, good, fair, poor. Do you have any concerns about your ability to handle the rigors of a mission trip?

Your Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Mission Trip Dates \_\_\_\_\_

# Form D – MISSION TRIP MEDICAL RELEASE

Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117  
334-272-8622

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_,  
(Participant) (Trip Team Leader)

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 advise 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.

**BLOOD TYPE \_\_\_\_\_ 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\_\_\_ NO \_\_\_
- Consent to a transfusion with blood/blood products from a compatible donor within your mission team if one exists? YES\_\_\_ NO \_\_\_
- Prefer that no blood/blood product transfusion be given to you under any circumstances even life threatening conditions? YES\_\_\_ NO \_\_\_
- Be willing to donate blood/blood products for use by a team member if your blood is found to be compatible? YES\_\_\_ NO \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## NOTARIZATION OF MEDICAL RELEASE FORM

State of \_\_\_\_\_ County \_\_\_\_\_

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 \_\_\_\_\_

State of \_\_\_\_\_ Commission Expires \_\_\_\_\_

# Form E—Liability Release

Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117  
334-272-8622

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

The undersigned releases and agrees to hold harmless Frazer United Methodist Church, the General Board of Global Ministries of The United Methodist Church, The Volunteers in Mission Board of the Jurisdiction of the United Methodist Church, the Conference United Methodist Church Volunteers in Mission, the Volunteers in Mission Program of the 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 mission trip/project indicated above.

The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following:

Dangers resulting from air travel and disease; from civil insurrection or warfare of the kind seen in recent years in Somalia, Bosnia, and Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitude, 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 heating. 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. This release binds the undersigned and his or her heirs, representatives, and assignees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Notarization of Liability Release Form

State of \_\_\_\_\_ County \_\_\_\_\_

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 \_\_\_\_\_

State of \_\_\_\_\_ Commission Expires \_\_\_\_\_

# Form F – MISSION TRIP NOTIFICATION OF DEATH

Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117  
334-272-8622

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

Name: \_\_\_\_\_ Passport No: \_\_\_\_\_

In the event of my death, should my death occur outside the United States, a family member, a mission trip team member or a Bishop of The United Methodist Church, or a representative of the U.S. State Department/US Embassy, is to be instructed by the following:

1. Immediately contact the following family member:

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

2. My wishes are as follows:

\_\_\_\_\_ My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My body is to be cremated if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ If cremation is not possible, then my body is to be shipped home, in keeping with the requirements of the host nation, to (funeral home): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ All my valuables, money, and personal possessions are to be kept in the control of a representative of the United States Embassy and shipped to: \_\_\_\_\_  
\_\_\_\_\_

In the event of death, all of the above instructions are to be followed in consultation with the above-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the above-named family member.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## NOTARIZATION OF DEATH NOTIFICATION FORM

State of \_\_\_\_\_ County \_\_\_\_\_

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 \_\_\_\_\_

State of \_\_\_\_\_ Commission Expires \_\_\_\_\_

**Form G: BACKGROUND INVESTIGATION CONSENT**

**Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117  
334-272-8622**

**(All information must be provided)**

In Keeping with Frazer Memorial UMC child protection policy, I \_\_\_\_\_, hereby authorize Frazer Memorial UMC and/or its agents to make an independent investigation of my background, references, character, past employment, education, driving record, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications for working with children and youth now.

I release Frazer Memorial UMC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

I understand that a background check is only valid for four years or less.

\_\_\_\_\_  
**Full Name (printed)** **Maiden Name or Other Names**  
**Used**

\_\_\_\_\_  
**Present Street Address** **How Long?**

\_\_\_\_\_  
**City, State** **Zip Code**

\_\_\_\_\_  
**Date of Birth (year must be included)**

\_\_\_\_\_  
**Social Security Number (complete number must be provided)**

\_\_\_\_\_  
**Driver's License Number** **State of License**

**CIRCLE ONE:**      **Employee or Volunteer**

**Other than a minor traffic violation, have you ever been accused, arrested, convicted of or pled guilty / no contest to a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.**

\_\_\_\_\_  
**(Use back for additional comments)**

\_\_\_\_\_  
**Signature** **Date**

**PLEASE LIST ALL HOME ADDRESSES FOR THE LAST SEVEN (7) YEARS**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

# Form H – MISSION TRIP PARENTAL CONSENT FORM

Frazer United Methodist Church  
6000 Atlanta Highway, Montgomery, AL 36117  
334-272-8622

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

I, \_\_\_\_\_, consent to allowing my minor child(ren) to travel out of the United States on a Frazer United Methodist Church mission trip on the dates and destination indicated

Name of child(ren): \_\_\_\_\_

Consenting Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

Signature (Notarized): \_\_\_\_\_ Date \_\_\_\_\_

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## Notarization of Parent Consent Form

State of \_\_\_\_\_ County \_\_\_\_\_

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 \_\_\_\_\_

State of \_\_\_\_\_ Commission Expires \_\_\_\_\_