



**Instructions:**

1. Please complete all sections of this application. If you have previously participated in Pura Vida work trip, you may skip section II ("Questions").
2. Attach a copy of your passport.
3. Leave completed application packet in Cami's box at Trinity, or mail to:

**Cami Twilling**  
**Trinity United Methodist Church**  
**1820 Broadway**  
**Denver, CO 80202**

For trip schedule and details see our website: [www.puravida.org](http://www.puravida.org)

**Checklist**

- 1. Complete all sections of this application.
- 2. Attach a copy of your passport.
- 3. Turn in application with deposit.



## I. Personal Information

### Address details:

Name		Age	Sex	Occupation
Phone (main)		Phone (mobile)		E-mail
Mailing Address			Local Church Name / Address	
			Trinity United Methodist Church 1820 Broadway Denver, CO 80202	
Minister Name		Minister Phone		Minister E-mail
Rev. Mike Dent		(303) 839-1493		n/a

### Passport Information:

EXACT Name on Passport		Passport Number	
Place of Issue		Date of Issue	Date of Expiration

### Language Skills:

Foreign Languages Spoken	Skill Level (check appropriate)		
	Basic?	Advanced?	Fluent?
Spanish			
Other: _____			

### Other Information:

Medical Qualifications (MD, RN, EMT, CPR, etc.):
Significant Dietary Restrictions:
Other Notes:

Are you prepared to travel distances which would cause a lapse in contact with family and/or business where you could not be reached for up to two to three days?

Yes       No

## **II. Questions**

*If you have previously participated in Pura Vida work trip, please skip ahead to Section III.*

1. Why do you wish to participate in this mission? Tell about yourself, including local church and community involvement, hobbies, and any other information that might be useful during this mission (use separate page if necessary).

2. The mission will include some fairly rigorous activity and the hours may be long. Please indicate the general state of your health. Is there anything team leader should be aware of health-wise (allergies, diet, specific medicines that should not be administered, etc.)?

3. Please check all applicable skills and explain in detail, where appropriate. We need a clear picture of your skills and abilities to make the mission team as effective as possible. This will help in making team assignments.

Category	Skill Level			Explanation
	Fair	Good	Great	
<b>Work with children and youth</b> , including recreational skills, storytelling, art, singing, crafts.				
<b>Building/carpentry skills</b>				
<b>Medical Services</b> , including doctors, nurses, first aid, CPR (please explain)				
<b>Musical talent</b> , including singing, musical instruments (please explain)				
<b>Preaching</b> or giving a prepared talk/devotional				
<b>Photography</b> (please explain)				
<b>Other</b> (please explain)				



### **III. Agreement**

We will be guests in the country we'll be serving. We need to accommodate cultural expectations and represent our country in a way that helps build bridges, not construct barriers. To that end, we have established the following agreement to be signed by all team members.

Team members are expected to:

- Be respectful of the local culture, and each other.
- Be flexible!
- Cooperate at all times with the team leaders concerning our life together, including daily assignments, food, lodging, transportation, and itinerary.
- Stay with the team from beginning to end.
- Abstain from the use of alcohol and tobacco while on the working portion of this trip. (The "working portion" of the trip starts upon arrival at the airport in Guatemala City, and ends upon arrival in Antigua. When in the "rest" phase, if a volunteer desires to drink, please drink responsibly.)
- Respect the local standards of modesty regarding personal attire. I understand that this means not wearing shorts, going sleeveless, or wearing clothes that expose undergarments during the working portion of this trip.
- Respect the dignity of the local population by not giving away candy, money, clothes, etc., except as permitted by team leaders.
- Abstain from forward behavior and/or romantic involvement with the local people we work with, and not to encourage such advances from others. Pura Vida may have to discontinue hiring of locals who become too aggressive with our team members.

**I understand and agree to conduct myself in a manner consistent with the above statement.**

---

*Applicant name*

---

*Signature*

---

*Date*

#### **Explanatory note on use of alcohol and tobacco:**

The discipline of our sponsoring church (Iglesia Evangélica Nacional Metodista Primitiva de Guatemala) strictly prohibits the use of drugs, alcohol and cigarettes. As Christian representatives of the United States it is important that our actions are in keeping with the practices of the local church. If a potential team member has personal problems with this policy they should speak to the trip leader before they agree to be a member of the team.

**IV. Emergency Contact Information**

**1. In case of emergency, contact the following:**

<b>Name</b>	<b>Relationship</b>
<b>Address</b>	<b>City / State / Postal Code</b>
<b>Home phone</b>	<b>Work Phone</b>

**2. If unable to contact the above, contact the following:**

<b>Name</b>	<b>Relationship</b>
<b>Address</b>	<b>City / State / Postal Code</b>
<b>Home phone</b>	<b>Work Phone</b>

**3. Other information you wish to add if an emergency arises:**





## VI. Parental Consent

**Must have signatures of both parents (even if divorced or separated) when traveling outside the USA.** If one parent accompanies the youth, the other parent must sign this form. If one parent is deceased, attach a death certificate.

We, \_\_\_\_\_,  
parents or guardians

the parents/guardians of \_\_\_\_\_  
child's name

give our child, a minor residing at \_\_\_\_\_  
address

permission to accompany a United Methodist Volunteers In Mission team to **Lemoa, Guatemala** and participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility. We have been advised and understand that the group may be exposed to unusual risks. Those risks may involve, among other things, 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 landmines; from geographic features such as high altitudes, 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.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should be same become necessary because of illness or injury.

I specifically authorize a physician or other appropriate medical professional to treat my child's

\_\_\_\_\_  
name of ailment

by performing \_\_\_\_\_  
name of procedure

and by prescribing \_\_\_\_\_  
name of prescription

and providing such prescription to my child for treatment.



**(Parental Consent, page 2)**

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and forever discharge the team leader **Cami Twilling**, Pura Vida Ministries, the Rocky Mountain Conference of The United Methodist Church, United Methodist Volunteers In Mission, its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader **Cami Twilling** to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action by ourselves and our child against the parties herein before named.

_____	_____
Parent/guardian signature	Parent/guardian signature
_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
City / State / ZIP	City / State / ZIP

**Notarization of Parental Consent Form**

<b>State of:</b>	
<b>Parish or County of:</b>	
On this ____ day of _____, _____, before me personally appeared _____ to me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.	
<b>Notary Public:</b>	
<b>County/Parish:</b>	
<b>State of:</b>	
<b>My Commission Expires:</b>	



**VI. Passport copy**

Please attach a copy of your passport here.

## VII. Accident Insurance Application



**Mission Volunteers Office**  
475 Riverside Dr., Suite 1374  
New York, NY 10115  
(212) 870-3825  
<http://gbgm-umc.org/vim>

### UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION

Please print legibly in black or blue ink, and sign the Release of Liability

Title	First Name	M. Initial	Last Name
Birth Date (mm/dd/yyyy)		Local Church Name & City	
Home Address			Phone
			E-mail address
Beneficiary			Relationship to you
<input type="checkbox"/> Estate / My will <input type="checkbox"/> Name:			
Departure Date	Return Date	Destination	
6/11/2010	6/20/2010	Guatemala	
Team Leader	UM organization such as local church sponsoring your VIM project		
Cami Twilling	National Evangelical Primitive Methodist Church of Guatemala		

Release of Liability (must be signed)	
<p>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.</p>	
Signature	Date (mm/dd/yyyy)
Privacy Rights	
<p>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 <a href="http://gbgm-umc.org/vim/mvdb/policy.htm">http://gbgm-umc.org/vim/mvdb/policy.htm</a>.</p>	
Signature	Date (mm/dd/yyyy)