



2023 Volunteers-in-Mission Summer Service Program
July 22 – 29, 2023 at Mission-at-the-Eastward (MATE)
North New Portland, Maine
 FLEMINGTON PRESBYTERIAN CHURCH
 10 East Main Street, Flemington, NJ 08822
 (908) 782-3227

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EMERGENCY MEDICAL INFORMATION:

Do you use any medications or have any medical conditions? If so, please tell us below what they are. This information will be held in confidence but may be necessary in an emergency. It is important that we know ahead of time about dietary concerns, allergies, any history of reactions to medicines, poison ivy, bee stings, etc. Maine has lots of wasps and we've had many stings over the years. If you are at any risk of anaphylactic shock, you must tell us about it and have a supply of Epi-pens with you on the trip.

My last tetanus shot was received _____ (must be within 10 years!)

Please provide the name of your health insurance company and the coverage ID number:

Company: _____ ID# _____

Company: _____ ID# _____

Family physician: _____ Phone: (_____) _____ - _____

Acknowledgements:

1) I understand that, as a member of the Volunteers-in-Mission team, I will be representing the Congregation of the Flemington Presbyterian Church as well as Mission at the Eastward. I will abide by the ground rules set by the team, its leaders, the host coordinator, and MATE. I also understand that I am responsible for conducting myself in a safe, ethical, and Christian manner at all times while on the VIM summer service programs. I fully understand that responsibility for my conduct and consequences thereof are mine alone.

2) I understand that my personal insurance is the primary coverage for medical treatment in the event of any accident or cause for medical services, and

3) I consent to the taking and use of photographs and audio/video recordings of me during this activity for use by the Church to remember and promote this program, and

4) I have read and accept the 6-page Volunteers in Mission Briefing Document and Activity Plan, and

5) I hereby release Flemington Presbyterian Church (FPC) and its employees and agents from all claims and actions that I or my successors may have against FPC and its employees and agents arising out of my involvement in the VIM Summer Service Program. I understand the consequence of this release, and assume full responsibility for my participation in the VIM Summer Service Program.

6) I acknowledge that a fingerprint background check may be necessary in order to attend as an adult leader and that it must be in hand before I am able to depart with the team. Information to be made available on the church website.

Date: _____

(Signature of adult applicant)

SINCE 2011, WE HAVE STEADILY PROGRESSED TO USING BLAST-TEXTS FOR ALL VIM OFFICIAL TEAM NOTICES (Safe arrival in camp, Expected time of return to Flemington, Non-routine events, Etc). THIS YEAR WE WILL USE BLAST-TEXTS AS THE ONLY OFFICIAL NOTICE METHOD. If you would like someone at home to receive a text blast, please list their name and cell phone number:

Name: _____ **Cell #** _____

Are you willing to drive? YES NO Bring your vehicle? YES NO

If yes: Make _____ Model _____ # of seats including driver _____

Hitch available? YES NO

Do you need to borrow a VIM CB radio? YES NO

If you need to borrow an EZ-Pass tag, please provide your license plate number:

APPLICATIONS DUE BY May 15, 2023

The team member individual fee is **\$75.00** and is due with the application.
Please make check out to “Flemington Presbyterian Church – VIM”.

Every team member will receive a tee shirt. Please circle your size below based on adult men’s tee-shirts sizes.

S M L XL XXL
(CIRCLE SIZE)

Date application received by VIM _____

PHOTO CONSENT FORM

I, _____ grant permission and give my consent to Mission at the Eastward for the use of the photograph(s) or electronic media images taken during my trip to MATE for presentation under any legal use:

Describe Photo(s)

Revocation

☐ - I understand that I may revoke this authorization at any time by notifying Mission at the Eastward in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Signature _____ Date _____

(if under the age of 18, the legal guardian or parent needs to sign this form as well)