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**GEM VOLUNTEER & CONDUCT AGREEMENT FORM 2024**

**Name (Complete): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Airport Flying In and Out of for Trip (Domestic): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trip Dates:** July 11th-22nd, 2024

**Team Member’s Medical Information**

**PLEASE** help us, by making sure Global Encouragers Ministries, Inc. is aware of any important medical information concerning your current state of health and any allergies to drugs, insects, foods, or other that could endanger your health and possibly your life while participating on this volunteer mission project.

Name of my Primary Care Provider(s): **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact Number(s) in the USA of My Provider(s): ( ) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current prescription or over-the-counter medications that I take daily or regularly:

My specific allergies to any medications, insects, foods, or other:

Note: Each team member is covered by a travel insurance that will take care of any medical emergencies and even evacuation from the overseas mission project in case of serious illness or medical need. This is done for each participant, unless, told to not do it.

**Emergency Contact Information**

The emergency contact information indicated below will be used by Global Encouragers Ministries, Inc., its representative, your team leader, or, other indicated person during our trip, in contacting someone on your behalf should it become necessary during the volunteer mission project.

Name (First and Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile or Cell Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **As an individual and team member I/we understand that Global Encouragers Ministries, Inc. assumes no responsibility for loss of property, damage to same, personal harm or illness, that may occur; and I/we sign this form for ourselves, our heirs, executors, administrators, distributes, and assigns, in consideration of our admission to volunteer service and other good and valuable considerations, do hereby absolve said Global Encouragers Ministries, Inc. and hold it harmless from any claim or demand which any team member or legal representative might conceivably assert upon the basis on the foregoing.** |

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

**Thank you for your interest in being a mission volunteer with Global Encouragers Ministries**

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| --- |
| We are a non-profit volunteer mission organization committed to encoura**G**ing, **E**nlisting, and **M**obilizing Great Commission Christians and Churches. Our objective is to share the Gospel message of love, hope and salvation to all mankind by providing opportunities for volunteers to use their multi-ministry gifts, talents, and resources to meet the physical and spiritual needs of others around the world.  Church Membership: **\_\_\_** Southern Baptist **\_\_\_** Evangelical/Christian **\_\_\_** Other  Name of Church **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Church Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State **\_\_\_\_\_\_\_\_\_\_**  Zip **\_\_\_\_\_\_\_\_\_\_**  Church Phone Number ( ) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  How Long A Member of this Church or Congregational Fellowship: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Pastor’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Pastor’s Phone ( ) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| By giving your pastor’s or other spiritual leader’s contact information, you enable us to secure their recommendation as to your spiritual readiness to participate on this mission project as needed. |

**Team Member’s Personal Conduct Agreement**

**As a member of this volunteer mission team, I/We understand that I will be under the policies of Global Encouragers Ministries, Inc. and the indicated team leader(s). As a team member, I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs and any other behavior that would hinder the Christian witness or our ministry while on this mission trip. I, along with the team leader(s) and fellow team members, understand that a breach of this agreement, could result in my immediate dismissal from the team and my return home at my own personal expense.**

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Please type or print your name below as confirmation that you have read and agree to the expressed statements and personal conduct agreement of GEM.

Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Initials: **\_\_\_\_\_\_\_\_\_**

A completed, signed, and dated form, **must be submitted by each team member,** for each year of participation and trip(s). Please make a copy for your personal possession. You or your team leader(s) will forward a copy of your completed form(s) to GEM. Please note address change below.

Global Encouragers Ministries, P.O. Box 695 – Antioch, TN 37011

Phone: (615) 480-6034 (Carl) or (615) 775-4819 (Wanda)

Email: [globalencouragersministries@pobox.com](mailto:globalencouragersministries@pobox.com) or [Carl.King@pobox.com](mailto:Carl.King@pobox.com)