



Mission Trip Application and Release Form

Trip location: Leland, MS Trip Dates: February 2 – 8, 2025

Please fill out completely.

Name: _____ Date: _____

Home Address: _____

City/State/Zip _____ Cell Phone: _____

E-Mail Address: _____

Church: _____

Emergency Contact: _____ Relationship: _____

Address: _____

City/State/Zip _____ Cell Phone: _____

Please read below before signing, as this constitutes an agreement between yourself and the Presbytery of North Central Iowa regarding your volunteer work relationship during this presbytery sponsored mission trip.

I _____ (your name) acknowledge and state the following: I have chosen to travel to Leland, MS (mission location) and the site locations in its vicinity to perform cleanup/construction work designed to repair damaged property/homes. I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous activity, and that some activities may take place on ladders. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury which I may sustain while involved in this project.

I understand that Leland Presbyterian Church, The Mississippi Conference of the United Methodist Church (UMC), or any other related Disaster Response Agency are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at the time.

I understand the need for confidentiality, and will not discuss, photograph or otherwise disclose identifying information about the occupants of the property I am working in without prior permission from the family. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Presbytery of North Central Iowa, Leland Presbyterian Church, The Mississippi Conference of the UMC, and any other related Disaster Response Agency, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence.

Signed: _____ Date: _____

Printed Name: _____

T-shirt size: _____ (S – 3XL)

Travel

____ I would like to ride with others
 ____ I am willing to drive & can take others
 ____ I will be on my own for travel

Lodging

____ Staying at church
 ____ Lodging at hotel/on my own

Registration

____ Full week \$225
 ____ Half week \$125
 (Sun.-Wed.)

Skills Inventory	Level	Notes	Key:	
Clean up			Level 1	Unskilled, but willing to try
Framing			Level 2	Have done, but need help
Roofing			Level 3	Can do a good job by myself
Window installation			Level 4	Can do well and guide others
Installing siding			Level 5	Licensed/Professional
Hanging drywall				
Taping/floating drywall				
Hanging doors				
Flooring				
Finish carpentry				
Painting				
Electrical				
Plumbing				
Medical				
Pastoral				
Cooking				
Special skills				
Other skills				

Applications MUST be received in the Presbytery Office no later than January 6, 2025.

Complete application packet must include:

1. Presbytery of North Central Iowa Mission Trip Application and Release Form
2. Presbytery of North Central Iowa Medical Information Form
3. Copy of current health insurance cards
4. The Mississippi Conference of the United Methodist Church Liability Release and Indemnity Agreement
5. Registration fee (\$225 full week/\$125 half week)

Please note that registration will not be considered complete without the full registration fee and all completed forms.

Please return application packet, along with registration fee, to:

Presbytery Office
 Lakeshore Center at Okoboji
 1864 Hwy. 86
 Milford, IA 51351
 319-233-1747
jeannie@presbyteries.org

Presbytery of North Central Iowa Medical Information Form

Trip location: Leland, MS Trip Dates: **February 2 – 8, 2025**

Every volunteer **MUST** complete this form (including minors). Copies of the forms will go to the mission site leader, the Presbytery work team leader and one for the Presbytery office.

Name: _____ Birthdate: _____

Prescriptions currently being taken:

Prescription Name	Dose	Frequency Taken

Allergies:

Other health issues to be aware of (heart health, diabetic, seizures, etc.):

Health Insurance Carrier: _____

Contact number for insurer: _____

Policy Number: _____ Group Number: _____

I consider myself healthy enough to fulfill my responsibilities on this mission trip: Yes _____ No _____

Signature: _____ Date: _____

Printed Name: _____

If volunteer is under age 18:

I give permission for the above youth to participate in this mission trip.

Signature of parent/guardian: _____

Printed Name: _____

Parent/guardian Phone: _____

Parent/guardian Address: _____