

Dear Prospective U. S. MAPS Team member:

Thank you for your interest in the possibility of becoming a member of our national church team network. The mission field in the United States is indeed ready for harvest and workers are needed.

Construction and evangelism projects exist from border to border and coast to coast. No matter where you go, there is a need that you and/or your team could help meet and minister to. I would count it an honor to have you call our office and allow us to share the needs and locations of these projects with you.

Should you feel God leading you toward being part of a U.S. MAPS team, here are a few easy steps to follow.

- H\ Y'Zc``ck ]b[ need to be in our office two weeks prior to departure for World Mib]ghf]Yg Credit.
- Individual Team Membership Information Form and \$10.00 membership fee
- Membership is active for two years
- Assumption of Risk
- Code of Conduct
- Beneficiary Designation Form

In addition to the blessing of being involved in mission projects, as a registered U.S. MAPS team member, your church can receive World Ministries giving credit. Please call our office before you go on an assignment. You  $\vec{a} | \hat{A} \wedge \hat{a}$  form, insurance  $| \tilde{a} \circ \hat{A} |_{1}^{2}$ , and pay for your insurance.

Again, thank you for inquiring about a  $a^8[ \{ \ a^* A = A \ a^* A \ a^*$ 

We look forward to hearing from you.

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Jerry Bell Director, U. S. MAPS



# **INDIVIDUAL TEAM MEMBERSHIP INFORMATION** \$10.00 Membership Fee (Renewal after 2 years)

First Name	Middle Name	Last Nam	e
Mailing Address			
City		State	Zip Code
Home Phone (incl. area code)	Cell Phone (incl. area code)	Work Phone (incl. area code)	
Email Address			
Signature of Pastor	Name		
Emergency Contact Informat	tion: (Someone who is not traveling	with you.)	
Full Name of Emergency Contact P	Person	Relationship to '	Team Member
Home Phone (incl. area code)	Cell Phone (incl. area code)	Work	x Phone (incl. area code)
Students Only 18 years Students must include a permanent AGUSM for future missions' trips. T Permanent Address (If different the	address in order to receive the Volunteer The card is valid for two year.	Card that verifies	that you have been processed by
City		State	Zip Code

### PLEASE RETURN 2 WEEKS PRIOR TO DEPARTURE TO RECEIVE WORLD MINISTRIES CREDIT!

www.	.usma	ps.ag.	org
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### BACKGROUND CHECK RELEASE National Sex Offender Public Registry Only

## **U.S. MAPS Team Member**

I authorize AGUSM MAPS to obtain a background check by providing the information below and signing this form.

neck.	
Date	
State:	State: Zip Code:

#### PLEASE RETURN 2 WEEKS PRIOR TO DEPARTURE TO RECEIVE WORLD MINISTRIES CREDIT!

Mail to: U.S. MAPS 1445 N. Boonville Ave. Springfield, MO 65802 OR Fax # 1-417-862-0409 E-mail: lgunsolus@ag.org



# CODE OF CONDUCT

As a follower of the Lord Jesus, our conduct should be a witness to others of a transformed life. Paul wrote to Titus,

"And show your own self in all respects to be a pattern and **a model of good deeds and works**, teaching what is unadulterated, showing gravity (having the strictest regard for truth and purity of motive), with dignity and seriousness. And let your instruction be sound and fit and wise and wholesome, vigorous and irrefutable and above censure, so that the opponent may be put to shame, finding nothing discrediting or evil to say about us" (Titus 2:7-8, Amplified Bible, emphasis added).

As a U. S. MAPS team member, I realize the important role I serve as an example to those in the United States and abroad. I understand that I represent not only my local church, but also Assemblies of God U. S. Missions and most importantly, Jesus Christ. In respect to this assignment, I will refrain from anything (e.g., alcohol, tobacco, unwholesome speech) that may distract from my Christian testimony, cause division, or demonstrate disrespect to the national church, missionary personnel, my team, or the Assemblies of God. I promise to forgo my personal convictions on these subjects in order to maintain unity and to avoid controversy in the body of Christ.

I affirm that I do not have any criminal convictions or allegations related to sexual misconduct with an adult or minor, nor do I know of any reason I should not be allowed to work with adults or minors as a short-term missions volunteer.

I have read and understand the above policy.

Full Name

Signature

Date

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# ASSUMPTION OF RISK AND INSURANCE AGREEMENT U.S. MAPS Team Member

#### Part 1-Assumption of Risk

I, \_\_\_\_\_\_ (full name of volunteer) in consideration of my acceptance as a short-term volunteer with Assemblies of God U.S. Missions of The General Council of the Assemblies of God U.S.A. represent and agree that:

- 1. I am a volunteer worker and acknowledge that I am not an employee of Assemblies of God US Missions or The General Council of the Assemblies of God U.S.A.
- 2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, injury, increased stress, accident, disease, inadequate medical services and supplies, death, criminal acts-including terrorism-natural disasters, government action, and relocation due to any of the above. I accept my assignment with full awareness of these risks, and subject to the insurance coverage described in the AOG GTL insurance brochure, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks have always been associated with missionary service (2 Corinthians 11:23-28).
- 3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
- 4. Subject to the insurance coverage described in the AOG GTL insurance brochure, I waive and release any and all claims for damages which I or my heirs or successors may have against Assemblies of God U.S. Missions, The General Council of the Assemblies of God, any district council of the Assemblies of God, the local church sponsoring the trip, or any agent or employee of any such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment.
- 5. In the event I have minor children who will accompany me on my assignment, I acting both on my behalf and on their behalf as their parent and legal guardian and subject to the insurance coverage described in the AOG GTL insurance brochure, do hereby assume all risks of death, illness or injury that they may suffer as a result of said assignment, from those causes described above.
- I understand and accept the following policy of Assemblies of God U.S. Missions regarding ransom payments:
  Page 5

#### ASSUMPTION OF RISK AND INSURANCE AGREEMENT (part 2)

The Assemblies of God U.S. Missions Executive Committee has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. The Assemblies of God U.S. Missions pledge itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage, should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.

- 7. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
- 8. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law.

#### **Part 2-SIGNATURES**

HAVING CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND INSURANCE AGREEMENT AND UNDERSTAND THE CONTENTS, I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.

**<u>IMPORTANT</u>**: Please have two (2) witnesses observe you signing of this form, and have each witness sign. They must be at least 18 years old, and they <u>cannot</u> be your relatives.

DATE		
Signature	Name	
Address	City	State Zip
First Witnesses Signature	Name	
Address	City	State Zip
Second Witnesses Signature	Name	
Address	City	State Zip
PLEASE RETURN 2 WEEKS PRIOI	R TO DEPARTURE TO RECEIV	'E WORLD MINISTRIES CREDI
Mail to: U.S. MAPS or e-mail lguns	olus@ag.org	
1445 N. Boonville Ave.		
Springfield, MO 65802		Dama
ww.usmaps.ag.org		Page 6



# **GUARANTEE TRUST LIFE INSURANCE**

Beneficiary Designation

Insured's	information

First Name

Middle Name

Last Name

Date

Signature of Insured

Policy holder: Policy Number: 24	Assemblies of God 4N-018-001-0
Benefits Payable fo	r loss of life are payable to the first surviving classes of the covered person: spouse, child or father; sisters or brothers; or estate <u>unless otherwise indicated below</u> .
Beneficiary's Info	mation
Full Name:	
Street Address:	
City/State/Zip:	
Relationshin to Ins	ured

It is the responsibility of the covered person to contact AGUSM Personal to see that changes are made to this beneficiary designation form prior to insured travel.

\*Note: one form is required for each insured individual.

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1445 N. Boonville Ave. Springfield, MO 65: 02 1-877-346-6277 Fax # 417-: 84/262;

# GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL) Summary of health Coverage

24-Hour Accidental Death & Dismemberment	\$100,000
PTD Monthly Accident Limit 88 Month Maximum	\$1,000
PTD Monthly Sickness Limit 50 Month Maximum	\$250
PTD Sickness Waiting Period	3 Months
Accidental Medical Limit	\$50,000
Sickness Medical Limit	\$10,000
Coinsurance	100%
Deductible per Occurrence	\$50
Medical Evacuation Limit	\$75,000
Premium	\$3.00 per day, per person