

## **TEAM MEMBER CHECKLIST**

## UMCOR SAGER BROWN MISSION JOURNEY

Return this form to your responsible Team Leader

Name:			Date of Last Visit:	
Addr	ress:			
	Street	City	State	ZIP
Daytime Phone:		Cell:		
Emai	il Address:	Nu	mber of Visits as Te	eam Member:
Lead	ler's Name:	Ph	one:	
REC	QUIRED SUBMISSIONS TO TEAM	LEADER		
$\sqrt{}$	Action/Document		Due Date	Amount
	Read Know Before You Go reference gu	iide.		
	Pay processing fee as requested by Tea	m Leader.		
	Submit Liability Release Form for Short-Term Volunteer.  Remit first quarter payment 120 days before trip date.			
	Submit national background check verific	cation.		
	Submit Medical Release Form with copie	es of ID cards.		
	Remit second-quarter payment 90 days	before trip date.		
	Complete Special Skills and Special Inte	rests below.		
	Review this checklist form with Team Le	ader.		
	Remit final payment (balance) to Team I	₋eader.		
√s	PECIAL SKILLS below:			
	Carpentry Disaster Kit Assembly	Power Tools	Music	Social Media
	Computers Construction Contractor			
	Zero-Turn Lawnmower CDL Operator			TKIII C
	ER SPECIAL INTERESTS (1 = highest to		_	
	Depot Wheelchair Ramps Re	,	Community Carden	Kitchen
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— '	Community Outreach Vespers Servi		iance Chapen	