



# Honduras UMVIM Data Form for Mission Team

**Team Leader's Name:**  **Site:**

**Church Name:**

Names of any other churches represented by team:

Name of your United Methodist Conference:

**Leader's Information**

Mailing Address:

E-mail:

Cellphone:

Telephone:

Church's Mailing Address:

Church e-mail:

**Dates** of mission team visit:

**Type** of mission work (*construction, VBS, medical*):

Flight Info.	Date	Day	Honduras Airport	Flight #	Airline	Time
Arrival						
Departure						

Number on Team:	<b>TEAM TOTAL</b>	Females	Males	Married Couples

Names of the **couples** on team who can share a double bed for hotel accommodations:

\*\*\* If the team is doing **more than one task**, please note how many are doing construction, medical, etc. \*\*\*

#	Name of Volunteer	Occupation & Skills <small>(ie. medical, nurse, teacher, pastor, electrical, plumbing, masonry, carpentry, etc.)</small>	Passport Number	F or M	Age
1					
2					
3					
4					
5					
6					

7					
8					
9					
10					
11					
12					
13					
14					

Would you like to donate \$10 per team member for the Medical Fund? Yes \_\_\_ No \_\_\_

Are there team members who need **special consideration** - have a medical condition, special dietary needs or food allergies? Yes \_\_\_ No \_\_\_ if yes, please explain:

Names of **those on team who speak Spanish**. Please mark with an “x” the level of Spanish for each person. \*(Please ask team members directly)

Name	Level of Spanish (please check level)				
	1 beginner	2 basic	3 intermediate	4 good	5 fluent

Are you planning to hire additional translators locally? Yes \_\_\_ No \_\_\_. If so, how many? \_\_\_\_\_

If you have a team shirt, what color is it?

**General Itinerary** - for the team’s stay in Honduras.  
(ie. which days are work days, rest days, and any other activities the team has planned during their stay)

<u>Day of Week</u>	<u>Date</u>	<u>Activity</u>

**EMERGENCY CONTACTS**

At least two emergency contact people who will be in the USA during the mission team's stay in Honduras, and who will be able to contact any team member's family:

Name	Relation to Team	Phone Number	E-Mail Address

*Please send this form completed to Milton Ilovares  
Honduras UVMIM Coordinator at: [umvimhondurascoordinator@gmail.com](mailto:umvimhondurascoordinator@gmail.com)*

*Thank you for serving with us!*