



**GLOBAL MINISTRIES  
WORK TEAM COMMITTEE**

100 WEST PARK AVENUE  
MYERSTOWN, PA 17067  
1-800-866-7584

**LIMITED POWER OF ATTORNEY**

(NOTE: This form is to be used for Work Team participants age 18 or older)

I \_\_\_\_\_ here by name:

(1) \_\_\_\_\_ Work Team Leader  
(Name)

and/or

(2) \_\_\_\_\_  
(POSITION OR OFFICE)

as attorney(s) in fact, in the event I am incapacitated in any way during the duration of the following Work Team Project:

\_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

This power of attorney is limited to the time(s) specified above and only for this Work Project. The person(s) so named have the authority to sign any authorization for emergency medical treatment as may be deemed necessary, and to execute any other necessary document during the duration of my incapacitation. This document is only intended to provide for the well being of the above named person.

In consideration for the Global Ministries Commission Work Team Committee accepting me as a member of said Work Team and assuming by it certain responsibilities with respect thereto. I hereby release the above named attorney(s) in fact, the Global Ministries Commission Work Team and the National Conference of the Evangelical Congregational Church and his, hers, its and their agents, servants, employees, volunteers, committees, subsidiaries, and affiliated organizations, and his, hers, its and their personal representatives, executors, administrators, successors and assigns (hereinafter individually and collectively "Releases"), and indemnify and hold harmless said Releases, from all claims, demands, suits, actions and causes of action, which we may have or which may accrue to us or to any other person on our behalf or on behalf of said Participant for personal injury and property damage arising out of the exercise by said attorney(s) in fact of the powers granted to said attorney(s) in fact therein, including specifically, from any negligent act or failure to act of Releases.

Date \_\_\_/\_\_\_/\_\_\_ Signed,

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Witness

**(Note: This form must be carried by Work Team Leader while on the Work Project)**