

# DOVE USA Youth and DOVE Mission International



## 2013 Application Form

Attach  
Recent  
Photo

### ***EMT - Evangelism Mission Training EMT plus Outreaches***

#### **SECTION 1** Pages 1 and 2

All applicants must complete Sections 1, 3 and 4. Overseas Outreach applicants must also complete Section 2.

#### **Personal Information**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Sex: Male Female Age \_\_\_\_\_ Birth date \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

I play a musical instrument. \_\_\_\_\_ If YES, which one(s) \_\_\_\_\_

I have experience working with sound equipment. \_\_\_\_\_ I have experience in drama/dance. \_\_\_\_\_

I have experience with puppet ministry. \_\_\_\_\_ Other talent(s) \_\_\_\_\_

I can carry 50 lbs. \_\_\_\_\_ I can participate in manual labor. \_\_\_\_\_

\_\_\_\_\_ I plan to attend EMT only (June 14-18, 2013).

\_\_\_\_\_ I plan to attend EMT and overseas outreach (June 14-28).

#### **Financial Information**

FOR ALL APPLICANTS:

\_\_\_\_\_ I enclose a non-refundable registration fee of \$25. (Make check payable to DCFI.)

\_\_\_\_\_ I understand that donated money is non-refundable. I agree that I will submit to DCFI checks payable to DCFI from third parties written as a donation within two weeks of receiving them. I also understand that donations received by DCFI above the total outreach fee will be used by DCFI towards the expenses of the EMT and outreaches.

\_\_\_\_\_ I gave a Reference Form to \_\_\_\_\_, my youth leader/elder/senior elder.

\_\_\_\_\_ I understand this is a time of training, ministry and spiritual warfare and I will give my attention and cooperation to all aspects of teaching, prayer, outreaches and projects.

EMT ONLY:

\_\_\_\_\_ Enclosed is my payment of \$170.

\_\_\_\_\_ I agree to pay the EMT camp fee of \$170 by May 15, 2013.

OUTREACH APPLICANTS:

\_\_\_\_\_ I agree to pay 50% of the outreach fee (see section 2) by March 25, and the remainder by May 15.  
(This fee includes the EMT training camp.)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information**

**Insurance:**

Name of Health Insurance Carrier \_\_\_\_\_

Member's Name \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Background:**

Do you have any medical or physical limitation that we should be aware of that may effect participating in any activity? \_\_\_\_\_

Check the box if you ever had any of the following apply to you. If necessary, please explain below.

- Allergies     Asthma     Bee/Wasp Reaction     Diabetes     Dizziness or fainting     Epilepsy
  - Hay Fever     Heart Trouble     High Blood Pressure     Pregnant (now)
  - Operation within last year     Penicillin Allergy     Physical Handicap     Respiratory problems
- Other (please explain) \_\_\_\_\_

I currently take medications. Yes \_\_\_ No \_\_\_

If yes, please list the medications and the condition being treated. \_\_\_\_\_

**Parental Consent** *If you are under 18 years, have your parent or guardian complete the following:*

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
*(Parent/Guardian's Name) (Applicant's Name)*

give permission to the following: CHOOSE **ONE or TWO**:

1. \_\_\_ My child has my permission to attend EMT (June 14-18) and local ministry in Reading, PA.
2. \_\_\_ My child has my permission to attend EMT and an overseas outreach (June 14-28).

\_\_\_ I consent to emergency medical treatment deemed necessary in the unlikely event of an accident. I will pay for any and all expenses incurred should insurance not cover them. I also release DOVE Mission International, the host ministry and staff from any liability resulting from any accident or illness.

\_\_\_ I give permission to the responsible adult leader to administer the medications listed below to my child. List of medications, dosage, frequency administered and necessary instructions:

In case of emergency, please contact the following person(s) at the phone numbers listed here.

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2 TO BE COMPLETED ONLY BY THOSE APPLYING FOR OVERSEAS OUTREACH**

**Overseas Outreach Information**

Brazil	\$2,370
Bulgaria	\$2,450
Columbia	\$1,950
Guatemala	\$1,920
Trinidad & Tobago	\$1,780

Outreach Preferences: 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

*Note: You will enhance your chances of your first choice team, by submitting your application as early as possible. Allocation of outreach locations is at the discretion of EMT leaders. You will be contacted if you cannot be placed on a team of your choice.*

I have chosen the two locations because \_\_\_\_\_  
\_\_\_\_\_

My prior overseas experience includes travels to \_\_\_\_\_  
\_\_\_\_\_

My plan to cover finances for EMT/Outreach is \_\_\_\_\_  
\_\_\_\_\_

**Vaccinations**

\_\_\_ I agree to receive the immunizations recommended by the US Center for Disease Control relevant to the country of outreach. Your team leader will inform you of the specific immunizations needed. Such vaccinations are not part of the outreach team fee. Please be aware the cost may not be covered by your health insurance plan.

**Passport Information**

*This information must be accurate and exactly as it appears on your passport!*

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No If not, where is your citizenship? \_\_\_\_\_

Do you have a current passport? \_\_\_ Yes \_\_\_ No

Your name as printed on passport \_\_\_\_\_

Date of Birth \_\_\_\_\_

Passport Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Send completed forms and the application fee check to DOVE EMT, 11 Toll Gate Road, Lititz, PA 17543  
If you have questions, phone 717.627.1996 or email [dmi@dcfi.org](mailto:dmi@dcfi.org)

**SECTION 3 DOVE EMT 2013 Application**

**PERSONAL TESTIMONY**

Please share your testimony. Include how you gave your life to Christ, how long you have been a Christian, how God is working in your life, your experience of the baptism of Holy Spirit, etc.

Why do you want to be involved with EMT 2013?

If you have attended EMT before, in what ways have you grown since your last experience?

**REFERENCE FORM**

DOVE EMT/OUTREACHES 2013

*Evangelistic Missions Training for world-changing teens and young adults*

Applicant's Name \_\_\_\_\_

Name of Youth Leader/Elder/Senior Elder \_\_\_\_\_

**NOTE:**

*This applicant is discerning whether participation in EMT is the Lord's desire for him or her this summer. Would you please help in this process by truthfully providing the following information? If you have questions, please call 717.627.1996 or email dmi@dcfi.org.*

**Relationship**

How long have you known the applicant? On what level do you know him/her?

**Spiritual Maturity**

Since you have known the applicant, have you seen growth in his/her relationship with the Lord? Please explain attitude and behavioral changes consistent with the Word of God, whether the applicant experiences answers to prayers, etc.

Is there anything else you would like to say about the applicant's spiritual maturity? Does the applicant seek to obey God's Word and the conviction of the Holy Spirit in his/her life?

**Emotional Maturity**

(Please indicate by circling a number: 1 is the highest maturity score)

How is the applicant at expressing feelings, both good and bad?      1   2   3   4   5

How does the applicant take constructive criticism?      1   2   3   4   5

How does he/she cooperate with others in a group/team setting?      1   2   3   4   5

**Recommendation**

Do you have any reservation that the applicant attend EMT?    Yes    No

If so, please explain \_\_\_\_\_

Comment on his/her strengths and weaknesses. Is there anything else you want to share about the applicant?

Signature \_\_\_\_\_ Date \_\_\_\_\_