



DOVE Mission International
SHORT TERM TEAM (STT)

Attach
Recent
Photo

Application Form

SECTION 1 Pages 1 and 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. _____

Outreach Location: _____ Dates _____

Financial Information

FOR ALL APPLICANTS:

_____ I enclose a non-refundable application fee of \$50. (Make check payable to DCFI.)

_____ I will pay 50% of outreach fee by _____ (as shown on DMI website) and pay the balance one month prior to departure.

_____ 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 other mission expenses.

_____ I gave a Reference Form to _____, my elder or senior elder.

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:

_____ My child has my permission to be part of a DOVE Mission Short Term Team.

_____ 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 DOVE Mission STT Application
Overseas Outreach Information

Outreach Location _____

I have chosen to join this mission team because _____

My prior overseas experience includes travels to _____

My plan to cover finances for this mission assignment 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

SECTION 3 DOVE MISSION STT 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 this mission team?

If you have participated on short term mission teams before, in what ways have you grown since your last experience?

REFERENCE FORM

DOVE Mission Teams

Applicant's Name _____

Name of Elder/Senior Elder _____

NOTE:

This applicant is discerning whether participation in this mission outreach is the Lord's desire.

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 our short term mission team? 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 _____