



DOVE Mission International
SHORT-TERM TEAM (STT)
Application Form

*Attach
Recent
Photo*

Human Trafficking outreach at NASCAR Race, Charlotte, NC

October 9-12, 2014

APPLICATIONS are due by August 5

SECTION 1 PERSONAL INFORMATION

Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Mobile phone _____

Email _____

Sex: Male Female Age _____ Birth date _____

Home Church _____

Pastor _____

Check the following.

_____ I am over 18 years of age.

_____ I have or will obtain Child Protection (Child Abuse History Clearance) documentation and submit it to DMI office prior to September 1.

Financial Outreach Cost is \$400.

_____ Enclosed is 50% of fees now (\$200). (Make check payable to DOVE International.)

_____ I will pay the remaining \$200 before September 1.

_____ 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

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 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. _____

_____ 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.

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

Name _____ Phone (Home) _____
(Cell) _____

Name _____ Phone (Home) _____
(Cell) _____

Name _____ Phone _____

SECTION 2 OUTREACH INFORMATION

Outreach Location _____ Date _____

I have chosen to join this mission team because _____

My plan to cover finances for this mission assignment is _____

SECTION 3 PERSONAL TESTIMONY

Share 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.

Send completed forms and your check **by August 5, 2014** to
DOVE International, 11 Toll Gate Road, Lititz, PA 17543

SECTION 4

REFERENCE FORM for DOVE Mission Short-Term Mission Team

Applicant's Name _____

Outreach Location/Team/Date _____

Name of Elder/Senior Elder _____

NOTE:

The applicant is applying for the outreach named above. Would you please help discern if he/she should participate in this ministry at this time? 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?