

# DOVE USA Youth and DOVE Mission International



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### APPLICATION for 2015 EMT - Evangelism Missions Training EMT plus Outreaches

#### Personal Information

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

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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

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

Parent's name \_\_\_\_\_

Parent's email address \_\_\_\_\_

I have training or experience in the following:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> sing on a worship team | <input type="checkbox"/> work with sound equipment     | <input type="checkbox"/> play a musical instrument _____ |
| <input type="checkbox"/> drama/mime/dance       | <input type="checkbox"/> children's VBS or kids church | <input type="checkbox"/> youth ministry/teen outreach    |
| <input type="checkbox"/> puppet ministry        | <input type="checkbox"/> sports/athletic ability       | <input type="checkbox"/> photography experience          |
| <input type="checkbox"/> can carry 50 pounds    | <input type="checkbox"/> manual labor                  | other _____  |

\_\_\_\_\_ I plan to attend EMT and participate on the Reading outreach team June 19-23.

\_\_\_\_\_ I plan to attend EMT and an outreach team June 23-July 3, which includes debrief at Reading DOVE.

\_\_\_\_\_ I plan to attend EMT and the Massachusetts outreach team July 11-19.

\_\_\_\_\_ Attached/Enclosed is \$100. (Make checks payable to DOVE International.)

\_\_\_\_\_ I gave a Reference Form (page 7) to \_\_\_\_\_, my youth leader/senior elder.

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

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

My T shirt size is (circle one) S M L XL 2XL

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

Office use only:	Dates received _____
_____ Application _____	_____ Payment
_____ EMT only _____	_____ Reference _____ Parental Consent
_____ Team _____	_____ Passport _____ Child Protection

**Medical/Insurance Information**

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

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

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

**Confidential Health Information**

What medical or physical limitation should we be aware of that may effect your participating in any activity?

\_\_\_\_\_  
\_\_\_\_\_

Check the box if any of the following apply to you. Please explain below.

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information** *In an emergency, contact the following person(s) at these phone numbers.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

**Parental Consent** *If you are under 18 years, your parent or guardian must 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 and local ministry in Reading, PA (June 19-23).
2. \_\_\_\_ My child has my permission to attend EMT and a team outreach (June 23- July 3).
3. \_\_\_\_ My child has my permission to attend EMT and the Holden, MA team (July 11-19).

\_\_\_\_\_ 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:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

## Guidelines and Rules

Participating in ANY of the following 7 are grounds for immediate dismissal from EMT and outreaches:

1. Using alcoholic beverages, illegal drugs or tobacco products of any kind
2. Gambling
3. Stealing
4. Using fireworks or firecrackers
5. Pornography
6. Displaying romantic or dating relationships - this includes hand holding, kissing, etc.
7. Going outside the team housing area alone

Participating in ANY of the following are grounds for immediate disciplinary action and possible expulsion from EMT and outreaches:

- Fighting
- Excessive noise or disorderly conduct
- Using profanity or temperamental outburst
- Borrowing money from team members or nationals
- Listening to secular music or reading secular books
- Two individuals of the opposite sex alone; giving back rubs; lap sitting; guys in girls rooms or girls in guys area
- Not keeping your bed or area of room neat and clean (There will be room checks.)
- Disobedience to curfews and dress codes set by team leaders

As a participant of EMT and the mission outreaches, I have read and understand the regulations given above. I understand that I will comply or I am subject to the consequences and even dismissal AT MY OWN EXPENSE. Therefore, I will maintain a positive attitude regardless of the circumstances.

*Team Member's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

As a parent/guardian of a DOVE Missions team member, who is under 18 years of age, I have read and understand the regulations above. I understand that I am responsible for ALL EXPENSES to send my child home in the event that he/she does not comply to the guidelines stated here.

*Parent or Guardian's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

## **Personal Testimony**

**NOTE: All applicants must write a 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 2015?

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

## Extended Outreach Information (after EMT Camp)

NOTE: Those applying for an outreach team following the required EMT camp need to complete this page.

**Grenada \$1,995**    **California \$1,450**    **Georgia \$995**  
EMT camp and July 11-19 in **Massachusetts \$895**

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

*Note: You will enhance the chance 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 your first choice team.*

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

### Vaccinations for Grenada Team

\_\_\_\_\_ I agree to receive the immunizations recommended by the US Center for Disease Control relevant to Grenada. 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 for those applying for the Grenada team:

*NOTE: This information must be **accurate!** If you do not have a current passport, please **apply for one now.** Write the name exactly as it was submitted on the passport application form.*

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

Send completed application form and a \$100 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)



# REFERENCE FORM

DOVE EMT and OUTREACHES 2015

*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@dafi.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 \_\_\_\_\_

Please return COMPLETED reference form to: DOVE EMT, 11 Toll Gate Road, Lititz, PA 17543 or FAX to 717.627.4004