

DOVE USA Youth and DOVE Mission International



APPLICATION for 2016 EMT - Evangelism Missions Training

Please
Attach
Recent
Photo



Personal Information

Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone _____

Applicant's email _____

Sex: Male Female Age _____ Birth date _____

Home Church _____ Pastor _____

Parent's name(s) _____ Parent's cell: _____

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 will attend all EMT sessions and participate on the Reading outreach team June 17-21. Cost is \$200.
(If space is available after May 1, EMT fee will be \$225.) Check is enclosed/attached.

_____ I gave a Reference Form (page 5) 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
_____ Team	_____ Passport
	_____ Parental Consent (under 18)
	_____ Child Protection (18 and up)

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 for my son/daughter to attend EMT and local ministry in Reading, PA (June 17-21, 2016).

_____ 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 are grounds for immediate dismissal from EMT and outreaches:

1. Using alcoholic beverages, illegal drugs or tobacco products of any kind
2. Stealing or gambling
3. Using fireworks or firecrackers
4. Pornography
5. Displaying romantic or dating relationships - this includes hand holding, kissing, etc.
6. 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, disorderly conduct or excessive noise
- Using profanity or temperamental outbursts
- 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 may be room checks.)
- Disobedience to curfews, dress codes and cell phone usage restrictions set by team leaders
- Disrespect to those in authority at EMT

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.

_____ I will remain on the Rosedale Camp premises throughout EMT unless written permission is submitted to the DMI office prior to the beginning of EMT camp weekend or in case of an emergency.

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 2016?

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

REFERENCE FORM

DOVE EMT 2016 Reading Outreach
Evangelistic Missions Training for world-changing teens and young adults

Applicant's Name _____

Name of Youth Leader/Senior Elder _____

*NOTE: PLEASE **BE HONEST!!** This applicant is discerning whether participation in EMT (and perhaps an extended outreach team) 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?						
	<i>highest maturity</i>	1	2	3	4	5 <i>lowest</i>
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 via mail DOVE EMT, 11 Toll Gate Road, Lititz, PA 17543
via email dmi@dcfi.org or fax 717.627.4004