DOVE USA Youth and DOVE Mission International

APPLICATION for 2017 EMT

Evangelism Missions Training

held at Rosedale Camp Grove
June 16 - 20, 2017

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(s): _____

Parent's work phones _____

Parent's email address _____

I have training or experience in the following:

❑ singing on a worship team ❑ work with sound equipment ❑ play a musical instrument _____
❑ drama/mime/dance ❑ children's VBS or kids church ❑ youth ministry/teen outreach
❑ puppet ministry ❑ sports/athletic ability ❑ photography experience
❑ can carry 50 pounds ❑ manual labor other _____

_____ I will attend all EMT sessions and participate on the Reading outreach team. Cost is $200 until May 15. Check is enclosed/attached and payable to DMI. (If space is available after May 15, EMT fee will be $225.)

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

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

Applicant's Signature: _____ Application Date: _____

Office use only: Dates received _____

_____ Application _____ Payment _____ Notarized Travel (under 18)
_____ EMT only _____ Passport _____ Child Protection (18 and up)
_____ Team _____ Reference

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. _____

_____

_____

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, Laureldale, PA, and local ministry in Reading, PA (June 16-20).
2. ____ My child has my permission to attend EMT and an extended team outreach (June 20- June 30).

_____ 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 liablility 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:

_____

_____

_____

Parental Release and Indemnification Agreement

If you are under 18 years, your parents or guardians must complete this page.

DOVE USA, a Pennsylvania nonprofit organization with offices at 11 Toll Gate Road, Lititz, PA 17543 runs its Evangelism Missions Training (EMT) in accordance with policies that DOVE revises from time to time. EMT occurs at Rosedale Grove, 1616 Vine Street, Laureldale, PA 19605.

We, the undersigned parent(s) or legal guardian(s) for _____, (*Child*) execute this Parental Release and Indemnification Agreement (Agreement) for and on behalf of the below-identified Child. We affirm that we are all of persons who have legal status of parent or legal guardian of the Child. We understand that for the Child to participate in the EMT and outreach programs, all parents and legal guardians of the Child shall execute the Agreement.

We do hereby authorize drivers and personnel to transport the Child to and from EMT and outreach activities, as DOVE USA may elect to provide such transportation from time to time, although DOVE has no obligation whatsoever to provide such transportation. We agree that the Child will abide by the policies established by DOVE from time to time, and as enforced by DOVE in its sole discretion. We understand that activities such as those conducted at EMT and vehicular transportation to or from those activities are inherently risky, and pose the specific risks of serious bodily injury for participants, drivers and passengers.

Both for ourselves and on behalf of the Child, we hereby assume the risk of activities that we or the Child engages in with EMT including risks encountered in sports activities and transportation for such activites. We hereby release, discharge, and/or otherwise indemnify DOVE USA and affiliated sponsors and organizations, their employees, volunteers and associated personnel [including the owners of property and facilities utilized for the program], from and against any claim, loss or damages by or on behalf of us or the Child arising from the negligence of any DOVE personnel (including volunteers) or from our or the child's participation in EMT activities or transportation.

We agree that to the extent we or the Child's other parent(s) or legal guardian(s) is liable for any claim involving DOVE USA that we shall be held jointly and severally liable, together with the Child's other parent(s) and legal guardian(s), for any liability arising from the Child's participation in EMT activities or transportation.

We agree to assume full responsibility for any medical bills incurred, in the event any health insurance we have or do not have would fail to cover the full cost of treatment, transport, or other emergency service incurred for the Child. Should DOVE USA in its sole discretion determine that the Child must return home before the group for medical or disciplinary reasons, we hereby agree to assume any costs for such travel, including costs for meals and accommodations.

Parent/Guardian's signatures _____

_____

Parent's preferred contact phone number _____

In case of emergency we hereby give permission to DOVE to **contact the following person if we as parents can't be reached:**

Name _____Phone _____

Relationship to the Child _____

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, disordely 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 throughtout 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 2017?

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

REFERENCE FORM

DOVE EMT 2017 and EXTENDED OUTREACHES
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?	*highest maturity*	1	2	3	4	5 *lowest*
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