

# DOVE USA Youth and DOVE Mission International



## APPLICATION for 2018 EMT - Evangelism Missions Training and extended outreaches: Barbados, Colombia, Haiti

Please  
attach  
recent  
photo

### Personal Information

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

Address \_\_\_\_\_

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

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

Applicant's email \_\_\_\_\_

Birth date \_\_\_\_\_ Age (time of trip) \_\_\_\_\_ Gender: Male Female

Home Church \_\_\_\_\_ Pastor/Senior Elder \_\_\_\_\_

Parent's name(s) \_\_\_\_\_ Parent's cell(s): \_\_\_\_\_

Parent's work phones \_\_\_\_\_

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

I have training or experience in the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> singing 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 (June 15-19) and participate on the Reading outreach team. Fee: \$220.  
A check, payable to DMI, is enclosed/attached. (If space is available after May 1, EMT fee will be \$240.)

\_\_\_\_\_ I will attend all EMT sessions, participate on an outreach team and debriefing at TransformChurch Ministry Center June 29. Attached/Enclosed is \$\_\_\_\_\_. (Minimum \$150. Checks payable to DMI and application due by Jan 31, 2018.)

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

\_\_\_\_\_ I understand camp 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 the EMT application fee and donated money is non-refundable. I agree that I will submit checks payable to DMI 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 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	_____ Passport
_____ Team	_____ Reference
_____ Notarized Travel (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. \_\_\_\_\_

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

**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 15-19).
2. \_\_\_\_ My child has my permission to attend EMT and join an extended outreach team (June 19- June 29).

\_\_\_\_\_ 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 will take full financial responsibility for costs incurred if my child needs to be sent home due to an emergency or misbehavior

\_\_\_\_\_ 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 activities. 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, 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* \_\_\_\_\_

## Extended Outreach Information (following EMT Camp)

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

**Barbados \$1,975; Colombia \$2,200; Haiti \$ 1,800**

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 Extended Teams

\_\_\_\_\_ I am up to date on routine vaccines, which include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine and polio vaccine. Date of most recent immunizations: \_\_\_\_\_

\_\_\_\_\_ I will receive immunizations as recommended by the US Center for Disease Control relevant to the above country where I will travel.

NOTE: **Vaccinations** are **not** included in the EMT fee.

\_\_\_\_\_ /My child object to immunizations and will accept the responsibility of any related health costs.

### Passport Information for those Applying for International Teams:

**NOTE: This information must be accurate and completed in full! If your passport expires before January 2019, apply for renewal. If you do not have a current passport, please apply for one now and print the name here exactly as it is on your passport application form.**

I have a current U. S. passport \_\_\_ Yes \_\_\_ No      I am a citizen of \_\_\_\_\_

Your name as printed on passport \_\_\_\_\_

Date of Birth \_\_\_\_\_      Passport Number \_\_\_\_\_

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

## **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 2018?

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

Send completed application 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 EXTENDED OUTREACHES  
Evangelistic Missions Training June, 2018

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](mailto: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 the applicant expresses feelings, both good and bad.	<i>highest maturity</i>	1	2	3	4	5	<i>lowest</i>
How the applicant takes 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 attends EMT? Yes No

If yes, 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 to DOVE EMT, 11 Toll Gate Road, Lititz, PA 17543  
via email [dmi@dcfi.org](mailto:dmi@dcfi.org) or fax 717.627.4004