



DOVE Mission International

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Internship Application for 2019

Peterhead, Scotland

January - July 2019

APPLICATION due by August 31, 2018

SECTION 1 PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Mobile phone _____

Email _____

Sex: Male Female Age _____ Birth date _____

Home Church _____

Pastor _____

How are you currently (or in the past) serving your church? _____

My current career (e.g. student, nurse, teacher, office worker, etc.) _____

____ I will obtain a Child Abuse Clearance document and forward to DOVE Mission office.
(DMI can advise.)

Financial Outreach fees

____ Attached is my \$100 application fee. (Check payable to DOVE Mission International.)

____ If approved, I will submit \$1,500 by October 15 for booking a flight.

____ I am aware that it is my responsibility to raise the monthly living costs set by DMI.

____ I gave a Reference Form to _____, my 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) _____

Passport *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 no, 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 _____

SECTION 2 OUTREACH INFORMATION

Preferred Outreach Location SCOTLAND Willing to consider a different location? Yes No

I have chosen this mission assignment because _____

My prior mission experiences include _____

SCOTLAND initial \$1500; estimated monthly amount \$1100.

(These approximate fees do not cover inoculations.)

My plan to cover finances for this mission assignment is _____

SECTION 3 PERSONAL TESTIMONY

How long you have been a Christian? How God is working in your life now?

SECTION 4 Please send this completed form to DMI, 11 Toll Gate Rd., Lititz, PA 17543

REFERENCE FORM for DOVE Mission Internship 2019

Applicant's Name _____

Outreach Location Peterhead, Scotland

Name of Elder/Senior Elder _____

NOTE:

The applicant is applying for a mission internship. 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 participate in our short term mission internship? Yes No
If so, please explain _____

Comment on his/her strengths and weaknesses. Is there anything else you want to share about the applicant? (You may use the back.)

Signature _____ Date _____

Please return COMPLETED Reference Form to: DOVE EMT, 11 Toll Gate Road, Lititz, PA 17543