



DOVE Mission International

Attach
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Photo

SHORT-TERM TEAM East Africa Family Ministry 2-4 weeks in mid-June to mid-July

APPLICATION due by **January 31**

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? _____

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 | <input type="checkbox"/> other _____ |

_____ If 18 years or older, I will obtain a Child Abuse Clearance document and forward to DMI.

_____ If under 18 years and traveling without a parent, I will complete a Travel Consent Form and forward to DMI.

Financial

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

_____ I will submit \$1,000 by **March 15**.

_____ I will pay the remaining amount by **May 31**. (amount determined by length of outreach)

_____ I gave a Reference Form to _____, my lead 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 affect 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 Heart Trouble Dizziness or fainting
- Hay Fever Diabetes High Blood Pressure Pregnant (now) Operation within 1 year
- Epilepsy Penicillin Allergy Physical Handicap Respiratory problems

Other (please explain) _____

Do you 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 not, where is your citizenship? _____

Do you have a current passport? **Yes No**

Your name as printed on your passport _____

Date of Birth _____ Passport Number _____

Date of Issue _____ Date of Expiration _____

SECTION 2 — OUTREACH INFORMATION

Outreach Location: East Africa Family Ministry

I have chosen to join this mission team because _____

My previous mission experiences include _____

I have training in _____

What can you contribute to this team? _____

My plan to cover finances for this mission assignment is _____

SECTION 3 — PERSONAL TESTIMONY

Send completed forms and your check by **January 31, 2019** to
DOVE Mission International, 11 Toll Gate Road, Lititz, PA 17543

REFERENCE FORM

East Africa Family Ministry

Applicant's Name _____

Team Name and Dates or Service: East Africa - 2-4 weeks in mid-June to mid-July

Name of elder/lead elder _____

NOTE: The applicant is applying for the outreach named above. 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@dci.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 our short term mission team? **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 of this page.

Signature _____ Date _____

Please send this completed form to DMI, 11 Toll Gate Road, Lititz, PA 17543