



# DOVE Mission International

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## SHORT-TERM TEAM Kenya Medical Mission Team February 15-25

APPLICATION due by **December 1**

### 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 **January 4**.

\_\_\_\_\_ I will pay the remaining amount by **February 4**. (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: Kenya Medical Missions Team

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 **December 1, 2018** to  
DOVE Mission International, 11 Toll Gate Road, Lititz, PA 17543

# REFERENCE FORM

## Kenya Medical Missions Team

Applicant's Name \_\_\_\_\_

Team Name and Dates or Service: Kenya — February 15-25

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](mailto: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**