



**DOVE USA Youth**  
**APPLICATION for 2019 EMT - Evangelism Missions Training**  
**Phase One: June 14-18**  
**Phase Two: June 18-22**

I am applying for (please check one): Phase 1 (Days 1-4) \_\_\_\_\_ Phase 1 & 2 (Days 1-8) \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Applicant's email \_\_\_\_\_  
 Birth date \_\_\_\_\_ Age (time of camp) \_\_\_\_\_ 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 Phase 1 of EMT, June 14-18. Fee: \$230. (If space is available after May 1, EMT fee will be \$250.)

\_\_\_\_\_ I will attend Phase 2 of EMT, June 18-22. Fee: additional \$110 to EMT fee. Total: \$340. (After May 1st, \$360)

*Please note that Phase 1 is mandatory for all Phase 2 participants. Please attach payment to application and note that only one check should be made out to DOVE USA. \$230 if only attending phase 1. \$340 if attending phase 1 and 2 (8 day).*

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

\_\_\_\_\_ For those attending phases 1 and 2. I have filled out the Phase 2 Outreach Application (page 5).

\_\_\_\_\_ For those fundraising for EMT. I understand that the EMT application fee and donated money is non-refundable. I agree that I will submit checks payable to DOVE USA 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	_____ Phase 1 & 2
_____ Phase 1 ONLY	_____ Payment
_____ 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 BOTH:**

1. \_\_\_\_ My child has my permission to attend Phase 1 of EMT, in Reading, PA (June 14-18).
2. \_\_\_\_ My child has my permission to attend Phase 2 of EMT in Reading, PA (June 18-22).

\_\_\_\_\_ 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 USA, 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
- Listening to vulgar music or reading inappropriate 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 outreach teams, 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 DOVE USA office prior to the beginning of EMT camp weekend or in case of an emergency.

*Applicant's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

As a parent/guardian of an EMT Youth, 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* \_\_\_\_\_

## Phase 2 Outreach Application

**NOTE:** Those applying for Phase 2 must complete this section. If only attending Phase 1, ignore this page.

READ: Phase 2 is designed to help you discover the unique gifts God has given you to build the Kingdom of God. With unique outreaches, you will have the opportunity to apply the talents God has given you to reach the world for Jesus. Do not be discouraged if you feel like you do not fit uniquely into one of these teams. We need your gifting! This is what Paul said, “ Now there are varieties of gifts, but the same Spirit; and there are varieties of service, but the same Lord; and there are varieties of activities, but it is the same God who empowers them all in everyone.” What is the point? You matter and you carry something your team desperately needs! If you are not sure where you best fit, please reach out to us at [youth@dcfi.org](mailto:youth@dcfi.org). You have an incredible purpose!

*You will be placed on one of the following three outreach teams based upon your answers below. Each team will have an outreach leader, who will coordinate the ministry you will do in Reading, and team leaders, who will lead you and your team in unity and growth in God throughout the outreach.*

### Creative Arts Outreach Team | VBS Outreach Team | Sports Outreach Team

**Creative arts team:** This team will focus on doing creative evangelistic outreaches (ex. music, drama, art) throughout Reading, PA. The goal will be to share the love of Christ through the creative talents of the group. Applicants do not need to have experience in these areas, but they should have an interest in the creative arts and any experience is helpful.

**VBS Outreach team:** This team will host a Vacation Bible School at TransformChurch. The goal will be to share the love of Christ through an engaging and fun Bible school for the children of the community. Applicants should be willing to serve and love the children of Reading who will attend the VBS. Experience with childcare is not needed, but it is helpful.

**Sports Outreach team:** This team will host a sports camp in the city of Reading. The goal will be to share the love of Christ through the athletic talents of the group with the youth of Reading, PA. Applicants do not need to be on athletic teams, but general athleticism is helpful.

**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.*

Tell us about why you elected your first choice?

What experience do you have in your first choice?

What experience do you have in your second choice?

## 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 2019?

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

Scan and e-mail completed application to [youth@dcfi.org](mailto:youth@dcfi.org), OR mail to DOVE EMT, 11 Toll Gate Road, Lititz, PA 17543. If you have questions, phone 717.627.1996 or email [youth@dcfi.org](mailto:youth@dcfi.org).