



DOVE Mission International

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Short-Term Team Application

Country _____

Month of trip _____

Team leader _____

Section 1 — Personal Information

General

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile phone: _____ Other phone: _____

Email: _____

Sex: Male Female Age: _____ Birth date: _____

Current career: _____

Home church: _____ Pastor: _____

How are you serving or have served in your church? _____

Office use only:	
<input type="checkbox"/>	Sent to leader
<input type="checkbox"/>	App fee rec'd
Ck _____	

I have training or experience in the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> sing on a worship team | <input type="checkbox"/> work with sound equipment | <input type="checkbox"/> play an 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 |
| <input type="checkbox"/> can carry 50 pounds | <input type="checkbox"/> manual labor | <input type="checkbox"/> other: _____ |

Agreements (please initial)

_____ 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.

_____ Enclosed is my \$100 application fee. (Check payable to DMI)

_____ This application and application fee are due to DMI three months before the mission trip.

_____ I will submit \$1,000 at least two months prior to the trip.

_____ I will pay the remaining amount no later than one month before the trip.

_____ I will give a reference form to _____, my lead elder.

Passport

Note: This information **must be accurate**. Write your name exactly as it is written on your passport. If you do not have a current passport, or your passport expires six months or less after your trip, please apply for a new one now.

Are you a U.S. citizen? *yes no* If not, where is your citizenship? _____

Name as printed on passport: _____

Date of birth: _____ Passport number: _____

Date of issue: _____ Date of expiration: _____

Medical

Insurance

Name of health insurance carrier: _____ Phone: _____

Member's name: _____ Policy number: _____

Medical Background

Do you have any medical or physical limitation that may affect participating in any activity? *yes no*

If yes, please elaborate: _____

Check the boxes of any condition that applies to you. There is space below to explain further if you wish.

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Operation within last year | <input type="checkbox"/> Bee/Wasp reaction |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Pregnant | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Penicillin allergy | <input type="checkbox"/> Respiratory problems | |

Other condition or explanation of above condition: _____

Do you currently take medications? *yes no*

If yes, please list the medications and the condition being treated.

Medication: _____ Condition: _____

Medication: _____ Condition: _____

Medication: _____ Condition: _____

_____ 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. (Please initial)

Emergency Contacts

Emergency contact 1: _____ Relationship: _____

Cell phone: _____ Work phone: _____

Emergency contact 2: _____ Relationship: _____

Cell phone: _____ Work phone: _____

Section 2 — Outreach Information

Why have you chosen to participate on this team?

Do you have any training that would be applicable to this team?

What can you contribute to this team?

How do you plan to cover the finances of this trip?

Section 3 — Personal Testimony

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

By signing below, I attest that all of the information provided in this application is correct to the best of my knowledge.

Applicant's signature: _____ Date: _____

Please return this application and the application fee to DMI at 11 Toll Gate Road, Lititz PA 17543.



Reference Form
Short-Term Team to _____

Please send this completed form to DMI, 11 Toll Gate Road, Lititz, PA 17543.
You may also scan it and send to DMI@dcfi.org.

Applicant's name: _____

Your name: _____

How long have you known the applicant? On what level do you know him/her?

What are the applicant's strengths and weaknesses?

Since you have known the applicant, how have you seen growth in his/her relationship with the Lord? Does the applicant seek to obey God's Word? Please explain attitude and behavioral changes consistent with the Word of God, spiritual gifts that are evident, the conviction of the Holy Spirit in his/her life, or anything else you feel we should know about his or her spiritual maturity.

Please rate the applicant on a scale of 1-5 on the following questions (5 being the best).

- How well does the applicant express feelings? _____
- How does the applicant take constructive criticism? _____
- How does he/she cooperate with others in a group or team setting? _____

Do you have any reservations about the applicant participating in this team? *yes* *no*

If so, please explain. _____

If you have any further comments, please use the back to elaborate.

Signature _____ Date _____