

# Reference Form



Fill out the form and return it to us at [missions@doveusa.org](mailto:missions@doveusa.org)  
or DOVE USA Missions, 11 Toll Gate Road, Lititz PA 17543

Or scan the QR code to fill out the form online!



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 \_\_\_\_\_

# Parental Release and Indemnification Agreement (for minors only)



DOVE USA, a Pennsylvania nonprofit organization with offices at 11 Toll Gate Road, Lititz, PA 17543 sends short-term teams to many locations around the world. The teams are sent in accordance with policies that DOVE revises from time to time.

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 above-identified Child. We affirm that we are all of the persons who have legal status of parent or legal guardian of the Child. We understand that for the Child to participate in this outreach program, 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 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 and revised from time to time, and as enforced by DOVE in its sole discretion. We understand that activities such as those conducted on the outreach team 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 DOVE USA 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 DOVE 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 DOVE 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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of an emergency we hereby give permission to DOVE to **contact the following person if we as parents can't be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Please return to **DOVE USA Missions, 11 Toll Gate Road, Lititz, PA 17543**  
or **missions@doveusa.org**

# Notarized Consent for Minors Traveling to \_\_\_\_\_



Country

We, \_\_\_\_\_, residents at \_\_\_\_\_,

Parents' names

Address

\_\_\_\_\_, \_\_\_\_\_, do hereby make the following statements and grant the following authorities:

City

State

We are the parents of \_\_\_\_\_, age \_\_\_\_\_, resident at \_\_\_\_\_,

Child's full name

Address

\_\_\_\_\_, \_\_\_\_\_. Our aforementioned child is planning to take part in a group trip to

City

State

\_\_\_\_\_ with DOVE USA Missions scheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. The group

Country

Start date mm/dd/yyyy

End date mm/dd/yyyy

leader is \_\_\_\_\_ from \_\_\_\_\_.

Group leader's name

Group leader's city and state

We do hereby grant permission for our child, \_\_\_\_\_, to travel to \_\_\_\_\_

Child's name

Country

with this group. We further grant temporary guardianship of our child to the group leader(s) named above. Such guardianship will be in full force for the duration of the trip. Should the trip last longer than anticipated (due to travel or any other complications), it is our intent that the guardianship endure until the conclusion of the trip, and our child's return to our care.

This temporary guardianship includes our granting full authority to them to make medical and personal decisions deemed to be in the best interest of our aforementioned child. Such medical decisions could include care by physicians, attention at an emergency room or hospital, authorization for surgery, purchase and administration of medications, etc.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

On this \_\_\_\_\_ date of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned officer, personally appeared

\_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness thereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

A Ministry of DOVE USA

11 Toll Gate Road, Lititz, Pennsylvania 17543 USA

Phone 717.627.1996 • Email [missions@doveusa.org](mailto:missions@doveusa.org) • [www.dovemission.org](http://www.dovemission.org)