

# Short-Term Team Application



Name of Team/Country: \_\_\_\_\_

## 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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/attached is my \$100 application fee. (Check payable to DMI)

\_\_\_\_\_ This application and application fee are due four months prior to the trip.\*

\_\_\_\_\_ I will submit 50% of the total cost at least three months prior to the trip.\*

\_\_\_\_\_ I will pay the remaining amount at least two months prior to the trip.\*

\_\_\_\_\_ I gave a reference form to \_\_\_\_\_, my lead elder.

\*Double check the DMI website to see if the deadline for your trip is different.

## 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*

Are you able to do activities that require moderate exertion? *yes no*

Are you able to walk one mile? *yes no*

Please elaborate on the above statements: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Please list food allergies or dietary restrictions: \_\_\_\_\_

Do you currently take medications? *yes no*

If yes, please list the medications and the condition being treated on a separate paper.

\_\_\_\_\_ 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.

### 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 or certifications 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?

---

---

How did you hear about this short-term team?

---

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: \_\_\_\_\_

# 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 \_\_\_\_\_

## Guidelines and Rules



Participating in ANY of the following are grounds for *immediate dismissal* from the outreach team:

- Using alcoholic beverages, illegal drugs or tobacco products of any kind
- Stealing or gambling
- Using fireworks or firecrackers
- Pornography
- Displaying romantic or dating relationships. This includes hand holding, kissing, etc.
- Going outside the team housing area alone

Participating in ANY of the following are grounds for *immediate disciplinary action* and possible dismissal from the outreach team:

- Fighting, disorderly conduct or excessive noise
- Using profanity or temperamental outbursts
- Borrowing money from team members or nationals
- 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 in the team and host country

As a participant of a mission outreach, 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.

Applicant's name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For applicants under 18:* As a parent/guardian of a DOVE USA Missions team member 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/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

We want to make sure that all children who will come into contact with this team are safe, whether they are serving on the team with you or receiving ministry in some way from this team. If you are 18 or older, you will need to obtain a child abuse clearance certificate *from the state in which you reside*. If you are under 18 for all or part of the trip, you do not need to complete this step of the application.

You may already have a child abuse clearance if you volunteer or work with children in a church, school, or medical setting. If that is the case, you can simply forward this to the DOVE office via email or send a copy in the regular mail. If you do not have one, please follow the steps below to obtain your clearance.

## **Please note**

- If you have submitted clearances to your church, that does not necessarily mean that they are on file at the DOVE USA Missions office in Lititz, Pennsylvania. You must either submit your clearances directly to the DOVE office in Lititz or request that your church send them to us.
- Please give yourself plenty of time to obtain your clearance. Start the process as soon as possible to ensure that we receive your clearances in a timely manner.
- If prompted to say who is requesting this clearance, enter your own name. (This makes the process take less time, as it prevents DOVE from having to become involved.)
- Clearances obtained from third-party companies are not valid. Please follow the instructions below to obtain a valid clearance through your state.

## **For Pennsylvania residents**

- [Click here](#) to apply for the child abuse clearance online.
- Click on "Individual login" or "Create individual account."
- Complete the form and submit it.
- Details
  - Free every 57 months for volunteers. \$13 if requesting within that time frame.
  - Takes 20 minutes to complete if creating a new account.
  - Results come in within 14 days. Please give yourself plenty of time to complete this clearance.

## **For non-Pennsylvania residents**

- [Click here](#) to download a list of state departments.
- Find your state in this document, and either go to the website listed or contact the state representative for information on how to complete the child abuse clearance.

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