



**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@dci.org.

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

Your name: \_\_\_\_\_

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

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What are the applicant's strengths and weaknesses?

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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.

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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. \_\_\_\_\_

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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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For applicants under 18:* As a parent/guardian of a DOVE Mission International 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 these completed forms to:  
**DMI, 11 Toll Gate Road, Lititz, PA 17543 or [DMI@dcfi.org](mailto:DMI@dcfi.org)**





## 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: \_\_\_\_\_

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# 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

\_\_\_\_\_ scheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. The group leader is

Country

Start date mm/dd/yyyy

End date mm/dd/yyyy

\_\_\_\_\_ 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

## Obtaining proper clearances to serve with children

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 Mission International 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 the DMI office receives your clearance 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:  
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