



# DOVE Mission International

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## Short-Term Team Application

Country: \_\_\_\_\_

Purpose of team: \_\_\_\_\_

### 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?

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

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What can you contribute to this team?

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

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How did you hear about this short-term team?

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## Section 3 — Personal Testimony

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

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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: \_\_\_\_\_

Fill out the form and return it to us at [DMI@dcfi.org](mailto:DMI@dcfi.org) or  
DMI, 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 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: \_\_\_\_\_

Please return these completed forms to:  
**DMI, 11 Toll Gate Road, Lititz, PA 17543 or DMI@dcfi.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

\_\_\_\_\_ 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