



2012 Application Form

EMT (Evangelism Mission Training) EMT plus Outreaches

A. Registration Information

Please print clearly.

___ Non-refundable application fee of \$25 is enclosed with completed application. Make check payable to DCFI.

___ I plan to attend DOVE EMT ONLY *Friday, June 15 -Tuesday, June 19, 2012.*
EMT at Rosedale Grove, Reading, PA. Registration fee: \$150 (due by May 15) or \$165 (at check-in).

___ I will attend DOVE EMT, participate in outreach and debriefing *June 15- 29. (I am at least 14 years of age.)*
Outreach locations and prices (EMT fee of \$150 is included)

Wilmington, Ohio	\$ 700
Guyana, Parika	\$1700
Guyana, interior	\$1800
Peru	\$1800
Jamaica	\$1500

My preference for outreach is 1st choice _____ 2nd _____

Note: You will enhance your chances of your first choice team, by submitting your application as early as possible.

I have chosen these two locations because _____

This is my first time to attend DOVE USA EMT. Yes No

My prior overseas experience includes travels to _____

My plan to cover finances for EMT/Outreach is _____

Please give the Reference Form to your youth leader/elder/senior elder. They will return it directly to DOVE.

Send completed forms and check to: DOVE EMT, 11 Toll Gate Road, Lititz, PA 17543

If you have questions, phone: 717.627.1996 or email: dmi@dcfi.org.

B. Personal Data

Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____ Age _____

Phone (_____) _____ Email _____

Sex Male Female Age _____ Birth date _____

Home Church _____

Pastor _____

Church Phone (_____) _____ Length of Church Attendance _____

Do you play a musical instrument? _____ If YES, which one(s) _____

Do you have any experience working with sound equipment? _____

Do you have any experience taking part in drama/dance ministry? _____

I understand this is an intense time of training, ministry, and spiritual warfare. I am prepared to give my full attention as I participate in the sessions, prayer times, outreaches and work projects.

Applicant Signature: _____

Date of Application _____

C. Medical Information

Insurance

Name of Health Insurance Carrier _____

Member's Name _____

Policy # _____ Phone _____

Medical Background

Do you have any medical or physical limitations that may effect your participation in any activity while on the trip that we should be aware of? _____

Check the box if you ever had any of the following apply to you. If necessary, please explain below.

- Allergies Asthma Bee/Wasp Reaction Diabetes Dizziness or fainting
 Epilepsy Hay Fever Heart Trouble High Blood Pressure Pregnant (now)
 Operation within last year Penicillin Allergy Physical Handicap
 Regular Medication Respiratory problems Other (please explain)

Explanation _____

I currently take medications. _____ Yes _____ No

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

D. Passport Information - NOTE: This is needed only for those going on outreach outside the USA.

Passport Information This information must be accurate and exactly as it appears on your passport!

Are you a U.S. Citizen? ____ Yes ____ No If not, where is your citizenship? _____

Do you have a current passport? ____ Yes ____ No

Your name as printed on passport _____

Date of Birth _____

Passport Number _____

Date of Issue _____ Expiration Date _____

E. Parental Consent

If you are under eighteen please have your parent or guardian complete the following:

I _____, parent or legal guardian of _____
give permission to the following:

_____ My son/daughter has my permission to attend EMT.

_____ He/she has my permission to attend EMT and an outreach.

_____ 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.

_____ I give permission to the responsible adult leader to administer the medications listed below to my child.

List of medications, dosage, frequency administered and necessary instructions:

1. _____
2. _____
3. _____

In case of emergency, please contact the following person(s) at the phone numbers listed here.

Name _____ Phone (Home) _____
(Cell) _____

Name _____ Phone _____

Signature _____ Date _____

DOVE EMT 2012 Application

YOUR PERSONAL TESTIMONY

Please share your testimony. Include how you gave your life to Christ, how long you have been a Christian, how God is working in your life, your experience of the baptism of Holy Spirit, etc.

Why do you want to be involved with EMT 2012?

If you have been to EMT before, in what ways have you grown since your last experience?

DOVE EMT/OUTREACHES 2012
Evangelistic Missions Training for world-changing teens
REFERENCE FORM

Applicant's Name _____

Youth Leader/Elder/Senior Elder _____

Dear Friend,

This applicant is in the process of discerning whether participation in EMT is the Lord's desire for him or her this summer. Would you please help in this process by truthfully providing the following information? If you have questions, please call 717.627.1996 or email dmi@dci.org.

Relationship

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

Spiritual Maturity

Since you have known the applicant, have you seen growth in his/her relationship with the Lord? Please explain attitude and behavioral changes consistent with the Word of God, whether the applicant experiences answers to prayers, etc.

Is there anything else you would like to say about the applicant's spiritual maturity? Does the applicant seek to obey God's Word and the conviction of the Holy Spirit in his/her life?

Emotional Maturity

(Please indicate by circling a number with 1 being the highest score)

How is the applicant at expressing feelings, both good and bad? 1- - - - 2- - - - 3- - - - 4- - - - 5

How does the applicant take constructive criticism? 1- - - - 2- - - - 3- - - - 4- - - - 5

How does he/she cooperate with others in a group/team setting? 1- - - - 2- - - - 3- - - - 4- - - - 5

Recommendation

Do you have any reservation that the applicant attend EMT? Yes No

If so, please explain _____

Comment on his/her strengths and weaknesses.

Is there anything else you want to share about the applicant?

Signature _____ Date _____

PLEASE RETURN TO: DOVE EMT, 11 Toll Gate Road, Lititz, PA 17543 or FAX to 717.627.4004