



Application

DOVE Christian Fellowship International
11 Toll Gate Road, Lititz, PA 17543
PH: 717.627.1996 FAX: 717.627.4004
Email: sgt@dcfi.org

Attach Recent
Photo Here

I wish to attend the school beginning _____ month _____ year Registration fee enclosed _____
Name: Mr/Mrs/Miss _____
(last name/family name) (first name) (middle name) (prefer to be called)

Guide to completing application

The following items must be submitted before your application can be processed. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable). Husbands and wives must complete separate forms.

- 1) Please fill out this form completely and sign the application form.
- 2) Please attach a recent photo of yourself (it can be larger than the space provided).
- 3) Your registration fee of \$45.00 must be forwarded with the application.
This fee is non-refundable and your application cannot be processed without it.
- 4) Confidential References: Three confidential references are enclosed.
One reference should be given to each of the following: pastor, employer or teacher, and a friend.
Request they fill it out and mail it directly to the registrar. For their convenience, please give your references a stamped, self-addressed envelope addressed to DCFI, 11 Toll Gate Road, Lititz, PA 17543.
- 5) Medical requirements: The confidential health form must be completed by your physician and sent to DCFI.
- 6) Acknowledgement of Financial Responsibility, Release of Liability, and Consent for Treatment:
These sections must be signed. If you are under 18, be sure to have a parent/guardian sign the form.
- 7) Passport: Those who do not have a passport should apply for one immediately.

Present Address:

PO Box/Street _____
City _____ State/Province _____ Zip Code _____ County _____
Phone _____ Fax _____ Email _____

Permanent Address (If different than present address):

PO Box/Street _____
City _____ State/Province _____ Zip Code _____ County _____
Phone _____ Fax _____ Email _____

Emergency Contact:

Name _____ Relationship _____
PO Box/Street _____
City _____ State/Province _____ Zip Code _____ County _____
Phone _____ Fax _____ Email _____

General Information:

Age _____ Country of Birth _____ Date of Birth (mo) _____ (day) _____ (yr) _____
Country of citizenship _____ Do you have a passport? _____
If yes, when does it expire? (mo) _____ (day) _____ (yr) _____
Name and Birthdate as it appears on your passport: _____

Home Church - You must be a part of a local church to attend this school

Name _____ Pastor's Name _____
PO Box/Street _____
City _____ State/Province _____ Zip Code _____ County _____
Phone _____ Length of attendance _____ Pastor's e-mail _____

Marital Status

Single Engaged Married Separated Divorced

Spouse's Name _____ Anniversary (mo) _____ (day) _____ (yr) _____

Number of children accompanying you _____

Name _____ Birth date (mo) _____ (day) _____ (yr) _____ Passport? _____

Name _____ Birth date (mo) _____ (day) _____ (yr) _____ Passport? _____

Name _____ Birth date (mo) _____ (day) _____ (yr) _____ Passport? _____

Educational History:

Secondary/High School or equivalent from which you graduated (or will be):

Name _____ Location _____

Date of Graduation (mo) _____ (day) _____ (yr) _____ I have not completed high school

College/University/Vocational School/Seminary Attended:

Name _____ Location _____ Degree (or credits) earned _____

Name _____ Location _____ Degree (or credits) earned _____

Occupational skills: _____

Musical Ability/Talents: _____

Miscellaneous information:

How did you hear about the School of Global Transformation? _____

What reasons most influenced your decision to apply for this school? _____

Financial Support:

Do you have your complete school fees? ** _____ If yes, from where? _____

If no, how much do you have at this time? \$ _____

If no, how do you plan to pay for school? _____

Do you have any outstanding debts? (please explain) _____

****Please keep in mind that tuition for phases 1, 2, & 4 (\$3150) is due the first day of class. The remaining \$2800 (Phase 3 outreach cost) is due at the end of the third month of school.**

I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless otherwise approved by the School Director before my departure to Pennsylvania. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the training program. If I am accepted into this training program, I will abide by the spirit, rules and schedule of the school.

Signature _____ Date _____

Release of Liability

I/we do hereby release the School of Global Transformation, DOVE Christian Fellowship International, it's staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with the School of Global Transformation/DOVE Christian Fellowship International.

Applicant's signature _____ Date _____

Parent/Guardian Signature _____ Date _____ Relationship _____

(Signature of Parent or Guardian required if the applicant is under 18 years of age)

Consent for Treatment

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ Relationship _____

(Signature of Parent or Guardian required if the applicant is under 18 years of age)

Questions:

Please *prayerfully* answer the following questions on a *separate sheet* of paper.

1. Please describe your conversion experience and present relationship with God. How long have you been a Christian?
2. What is your purpose for attending the school? What areas of your character are you presently seeking God to further develop and improve?
3. Do you have any physical disabilities? Have you had any mental illness? If so, please describe. Are you presently taking any medication, under a doctor's treatment, or on any special diet (vegetarian, food allergies, etc)?
4. Are you presently seeing a professional counselor for any issues? Do you have a need for professional counseling at this time? If so, for what issues? Have you ever been in a group home living environment or inpatient psychiatric care? If so, when?
5. If you have children, please give their names, age, school level and sex. Do they have any disabilities?
6. Have you ever engaged in drug abuse or the occult? Do you use any tobacco products (cigarettes/chewing tobacco)?
7. Please describe your relationship with your local church, i.e. areas of ministry, service, leadership experience. Does your pastor approve of your attending this school?
8. How would you describe your relationship with your family? Do your parents approve of you attending this school?
9. What are your talents and abilities?
10. How have you experienced God using your gifts and talents?
11. Do you believe you could live under pioneer conditions: different food and culture, dormitory housing, or small quarters for families?
12. What languages do you speak?
13. If you were not accepted as part of this school, what would you do (next step or alternatives)?

Important:

Applications for US citizens should be received no later than 2 weeks prior to the start of the school. For non-US citizens, applications should be received 8 weeks prior to the start of the school (Africans at least 4 months).



Confidential Reference: Employer/Teacher

Please return this form to:	SGT Registration DCFI 11 Toll Gate Road Lititz PA 17543 USA	Fax: 717.627.4004 Phone: 717.627.1996 email: sgt@dcfi.org
--	--	---

<p>To the applicant:</p> <p>Name _____</p> <p>School you are applying for _____</p> <p>Address _____</p> <p>_____</p> <p><i>I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.</i></p> <p>Signature _____</p>	<p>To the person filling out this form:</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> Please send me information on the School of Global Transformation</p>
--	--

The above named applicant has applied for admission to the School of Global Transformation (SGT). SGT is a school that focuses on helping people find their destiny and God’s calling upon their lives.

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you!

Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) Employer Supervisor Teacher Mentor
2. How long has the applicant been your employee/student? _____
3. List any responsibilities the applicant had in your workplace/classroom. _____
4. Has the applicant been an asset to your business/class? (If no, please explain) _____
5. Is the applicant diligent in completing tasks given to him/her? (If no, please explain) _____



Confidential Reference: Friend

**Please return
this form to:**

SGT Registration
DCFI
11 Toll Gate Road
Lititz PA 17543 USA

Fax: 717.627.4004
Phone: 717.627.1996
email: sgt@dcfi.org

To the applicant:

Name _____

School you are applying for _____

Address _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Signature _____

To the person filling out this form:

Name _____

Address _____

Phone _____

Email _____

- Please send me information on the School of Global Transformation

The above named applicant has applied for admission to the School of Global Transformation (SGT). SGT is a school that focuses on helping people find their destiny and God's calling upon their lives.

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you!

Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) acquaintance close friend peer mentor
2. How long have you known the applicant? _____
3. On a scale of 1-10 (10=you know them very well), how well do you know the applicant? 1 2 3 4 5 6 7 8 9 10
4. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How? _____

5. Is the applicant a reliable friend? _____
6. Comment briefly on how the applicant responds to conflict in relationships. _____

7. In the applicant's relationships, do they tend to lead or follow? _____

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character						
	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Industriousness						
Response to authority						
Health						

Social Adaptability						
	Not Known	Poor	Below Average	Average	Above Average	Excellent
Cooperation						
Tactfulness						
Communication skills						
Neatness of person						
Respected by peers						
Positive, contagious spirit						

Emotional Maturity

Self-Confidence						
Self-esteem						
Ability to deal with stress						
Accurate view of personal strengths/weaknesses						
Ability to deal w/interpersonal problems						
Overall emotional maturity						

Spiritual Maturity

Knowledge of the Bible						
Consistency of Christian walk						
Able to share Christ with others						
Concern for others						
Assurance of God's calling						
Respects convictions of others						
Overall spiritual maturity						

Leadership Potential

Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

Have you noticed these tendencies?

	Not Known	Very Apparent	Frequently	Sometimes	Rarely	Never Apparent
Critical						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/Worry						
Moody						
Dependant relationships						
Homosexual relationships						
Eating disorders						
Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
Flirting						
Sexual immorality						
Easily embarrassed						
Easily discouraged						
Prejudice						
Impatience						
Gives in to peer pressure						
Arrogant						
Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed." Extra space is available on the back for further comments.

1. How does the applicant respond to designated authority and standards? _____

 2. Can the applicant take responsibility and demonstrate leadership? Give examples. _____

 3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. _____

 4. Please comment on the applicant's ability to establish close, healthy relationships with others. _____

 5. How does the applicant deal with relationships with the opposite sex? _____

 6. Do you have any reservations concerning the financial integrity of the applicant? (if yes, please explain) _____

 7. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

 8. Have you noticed alcohol or tobacco use? _____
 9. Has the applicant ever been arrested? _____
 10. Please comment on the applicant's family background. _____

 11. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness. _____

 12. Would you recommend the applicant for the SGT? (please mark one and comment if needed)

_____ Unsuitd	_____ Average prospect
_____ At this time, he/she is unsuited	_____ Great prospect
_____ Good prospect, but I have reservations	
- Please call me, I would like to discuss the applicant over the phone

Additional Comments

I declare that the contents of this confidential reference form are correct to the best of my knowledge.

Signature Date _____



Confidential Reference: Sr. Elder/Pastor

**Please return
this form to:**

SGT Registration
DCFI
11 Toll Gate Road
Lititz PA 17543 USA

Fax: 717.627.4004
Phone: 717.627.1996
email: sgt@dcfi.org

To the applicant:

Name _____

School you are applying for _____

Address _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Signature _____

To the person filling out this form:

Name _____

Address _____

Phone _____

Email _____

- Please send me information on the School of Global Transformation

The above named applicant has applied for admission to the School of Global Transformation (SGT). SGT is a school that focuses on helping people find their destiny and God's calling upon their lives.

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you!

Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) Sr. Pastor Youth Pastor Small Grp. Ldr. Mentor
2. How long has the applicant attended your church? _____
3. In your association with the applicant, what has been the level of commitment you have seen exemplified?
(Please circle one) Faithful Inconsistent Other _____
4. Did you know prior to receiving this form of the applicant's intention to attend this program? _____
5. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How? _____

6. Is your congregation standing behind the applicant's decision to apply for this school? If no, please explain. _____

7. In what areas of ministry has the applicant participated in your church? _____

Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed." Extra space is available on the back for further comments.

1. How does the applicant respond to designated authority and standards? _____

2. Can the applicant take responsibility and demonstrate leadership? Give examples. _____

3. How does the applicant deal with relationships with the opposite sex? _____

4. Do you have any reservations concerning the financial integrity of the applicant? (if yes, please explain) _____

5. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

6. Please comment on the applicant's family background. _____

7. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness. _____

8. Would you recommend the applicant for the SGT? (please mark one and comment if needed)

- | | |
|--|------------------------|
| _____ Unsuitd | _____ Average prospect |
| _____ At this time, he/she is unsuited | _____ Great prospect |
| _____ Good prospect, but I have reservations | |

Please call me, I would like to discuss the applicant over the phone

Additional Comments

I declare that the contents of this confidential reference form are correct to the best of my knowledge.

Signature _____ Date _____



Confidential Health Form

**Please return
this form to:**

SGT Registration
DCFI
11 Toll Gate Road
Lititz PA 17543 USA

Fax: 717.627.4004
Phone: 717.627.1996
email: sgt@dcfi.org

To the Applicant: This information is treated as confidential.

Please print or type answers to ALL questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant.

School you are applying for: _____ Date ____ / ____ / ____

Name _____ Date of Birth ____ / ____ / ____
(last) (first) (middle initial)

Permanent Address

PO Box/Street _____

City _____
State/Province _____
Postal Code _____ Country _____
Phone _____

Emergency Contact

Name _____
Relationship _____
PO Box/Street _____

City State/Province _____
Postal Code _____ Country _____
Home Phone _____

Part A: Personal History

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers in the space below, or on a separate sheet of paper. The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status.

Have you ever had, or do you now have, any of the following:

NO YES NO YES NO YES NO YES

Have you ever had any of the following communicable diseases?

Females Only:

Skin condition			
Eye trouble			
Ear trouble			
Head injury			
Recurrent headaches			
Epilepsy			
Fainting spells			
Mental/Nervous disorders			
Weakness			
Paralysis			
Insomnia			
Shortness of breath			
Hay fever			
Asthma			
Hepatitis			
Recurrent diarrhea			
Kidney disease			
Venereal disease			
High blood pressure			

Low blood pressure			
Allergy: Bee stings*			
Allergy: Penicillin			
Allergy: Sulfonamides			
Allergy: Serum			
Allergy: Food (specify)			
Tumor/Cancer			
Heart trouble			
Rheumatism/Arthritis			
Back problems			
Dislocation of joints			
Broken bones			
Stomach/Duodenal ulcer			
Gall Bladder problems			
Jaundice			
Intestinal troubles			
Diabetes			
Anemia			

Chicken Pox			
Measles (Rubella)			
Measles (Rubeola)			
Mumps			
Pertussis			
Scarlet Fever			
Tuberculosis			
Other (specify)			

Irregular Periods			
Severe Cramps			
Excessive Flow			
Are you pregnant?			
Previous pregnancies			

If you answered yes to any of the questions, please explain

**If you are allergic to bee stings, you must bring your own up-to-date reaction kit.*

I have specific need for counseling in the following area(s): _____

Have you been tested for HIV? _____ No _____ Yes If yes, were the results _____ Neg. _____ Pos.

Surgeries Performed

Date (mo/yr)	Type of surgery	Outcome & long-term effects

X-Rays Performed

Date (mo/yr)	Type of x-ray	Result

Are you presently under a doctor's care for any condition? _____ No _____ Yes If yes, please specify _____

Are you taking any medication at this time? _____ No _____ Yes If yes, please specify _____

Please arrange to bring all necessary long-term medications with you.

Do you now have, or have you ever received, any compensation for disability from any sources? _____ No _____ Yes

If yes, please specify _____

Family History

Have any of your relatives ever had any of the following:

	NO	YES	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Asthma, Hay fever			
Stomach disease			
Epilepsy, convulsions			

Part B: Physician's Evaluation

Applicant's name _____ Date _____
 (last) (first) (middle initial)

To the physician:

Please review the information in Part A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. As certain conditions such as Diabetes, Epilepsy, Heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

To the applicant:

All required immunizations **MUST BE COMPLETED BEFORE YOU WILL BE ACCEPTED AT SGT**. Due to the varied outreach locations, other immunizations, injections and Malaria medication may be required and can be obtained before outreach. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please bring that information with you. If you were born after 1957, you will need a Measles booster (total of 2 Measles immunizations). Those born before 1957 are considered immune from Measles. Please be prepared financially to cover the cost of additional injections.

Childhood Record of Immunizations: Basic

Adult Immunizations: Booster

	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr		Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Diphtheria							
Tetanus							
Pertussis							
Polio							
Rubella							
Measles							
Mumps							

Tuberculosis Control

Must be within 6 months of the school.

	Date	Result	Examination Facility
Skin Test*			
Chest X-ray			

If your skin test is positive, you **MUST have a chest X-ray.*

Date of last DT (diphtheria/Tetanus) booster: Mo. _____ Day ____ Yr. _____

(Must be within the last 5 years.)

Height: _____ / _____ Weight: _____ Overweight: _____

Blood Pressure: _____ Pulse: _____ Blood Type: _____

Visual Acuity (without glasses): R _____ L _____ (with corrective lenses): R _____ L _____

Urinalysis: _____ Last Pap Smear (not compulsory): _____

Are there any abnormalities of the following systems? (Please describe fully)

E.N.T. _____

Ophthalmological _____

Teeth _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hemial Orifices _____

Urological _____

Psychiatric _____

Recommendations for follow-up tests/treatment: _____

Additional comments: _____

How long has this patient attended your office? Yrs. _____ Mos. _____ Wks. _____

Physician's Recommendation

Acceptable without limitations.

Acceptable with limitations (specify) _____

Should remain in areas where adequate medical care is provided. (specify) _____

Not acceptable.

Physician's Name (Print): _____

Address: _____

Phone: _____ Date: _____

Physician's Signature: _____

**Statement of Burial/Mediation
School of Global Transformation
DOVE Christian Fellowship International**



*Please mail signed form along with the application to:
DOVE Christian Fellowship International
School of Global Transformation
11 Toll Gate Road
Lititz, PA 17543*

Burial statement

We at the School of Global Transformation (SGT) encourage each prospective student, to seriously consider some possible consequences of missions work and training. Although we are not expecting death and it is extremely rare in missions service, it is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time with SGT.

In extensive travel in less developed countries, diseases are more prevalent, fatal accidents, sickness and mishaps can occur. SGT does everything possible to protect staff and students while on the field, but death is something that can occur.

We endeavor to maintain a Christian view of death, it is not the final step but just a passage; the person is not in the coffin, just his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In case of death, SGT cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike). If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well.

Note: It is the responsibility of every individual or family (staff or volunteer) to have the Field Burial or Death Related Remains Transport Insurance.

I agree that in case of my death, if my family desires to see the body shipped home, they will agree to cover all expenses incurred. I hereby absolve School of Global Transformation, its staff and associates, from any responsibility for burial costs.

Applicant's Name (print): _____

Signature: _____ **Date:** _____

If applicant is under 18 years of age, the signature of a parent or responsible party is required:

Name (print): _____

Signature: _____ **Date:** _____

Children: _____
