



3D Mission Training: Operation Samuel Application Form

Please complete this application form and return to Operation Samuel, c/- 3D Mission Training, PO Box 186, Riversdale 9776 or email to sarahcowan3@gmail.com.

Parent to complete this section:

Students Full Name: _____

Date of Birth: ____/____/____ Male/Female

Residential Address: _____

Postal Address (If different): _____

Home Phone Number: _____

Name of the School your Child attends: _____

Name of the Church your Child attends: _____

Does the student have any health concerns, allergies or food allergies etc? YES NO
If YES please describe them, their reaction and the treatment required:

Parent/Caregiver 1:

First Name: _____ Last Name: _____

Relationship to the child: _____ Email: _____

Phone - Home: _____ Work: _____ Mobile: _____

Parent/Caregiver 2:

First Name: _____ Last Name: _____

Relationship to the child: _____ Email: _____

Phone - Home: _____ Work: _____ Mobile: _____

Emergency Contact (in case we are unable to contact the main parents/caregivers)

First Name: _____ Last Name: _____

Relationship to the child (Grandparent, Aunt, Friend etc): _____

Phone - Home: _____ Work: _____ Mobile: _____

In what ways do you expect/hope that Operation Samuel will be able to help your child with his/her faith?

What gifts and character traits have you noticed in your child? _____

In what areas does your child struggle (for example behavioural issues, emotional difficulties etc.):

Operation Samuel is based on the premise that God desires to heal people (physically, emotionally and spiritually) and to make them whole. Therefore a major focus of the course is inviting God into the pain and damage within the students' lives through prayer ministry, the laying on of hands and the infilling of the Holy Spirit; as well as through mentoring and pastoral counselling. We will always endeavour to explain to the children what is happening, and will only proceed if the child is willing - WE WILL NOT FORCE PRAYER on any child, and ministry will always happen either in a group (where appropriate) or with two leaders of the same gender as the child. As a parent/caregiver are you happy with ministry happening with your child?

YES NO

Comments _____

Disclaimer Form For Operation Samuel

Consent for treatment

"Should a situation arise where my child is sick or injured and urgently requires medical attention, I give to the base director, or his/her delegate the authority to make any decision concerning his/her immediate treatment, including anaesthetics, medication and operations as in the opinion of the attending physician, are deemed necessary or until as such time as I am able to be contacted. I declare that I shall not hold 3D Mission Training / Global Disciples, the School director or his/her delegate, liable for any decision made by him/her for any damage or loss that I sustain as a result of exercising the authority herein granted by me"

Applicant's Full Name: _____

Parent/Caregivers's Full Name: _____ Date: _____

Parent/Caregivers's Signature: _____

Liability Release

"I release 3D Mission Training / Global Disciples, its agents, employees and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by my child during the course of his/her involvement with 3D Mission Training / Global Disciples"

Applicant's Full Name: _____

Parent/Caregivers's Full Name: _____ Date: _____

Parent/Caregivers's Signature: _____

Acknowledge of Financial Responsibility

"I understand that payment of the required school fees must be made in New Zealand currency upon the commencement of the school, unless otherwise approved in writing by the school Director/Administrator"

Applicant's Full Name: _____

Parent/Caregivers's Full Name: _____ Date: _____

Parent/Caregivers's Signature: _____

Media Release

"I release 3D Mission Training / New Zealand Global Disciples to use photographs, video footage or other electronic images of my child in publications i.e. advertising for future courses"

Applicant's Full Name: _____

Parent/Caregivers's Full Name: _____ Date: _____

Parent/Caregivers's Signature: _____

Student to Fill in:

How old were you when you decided to become a Christian? _____

Tell us about how you became a Christian (why did you start following Jesus?)

Why do you want to be a part of Operation Samuel? _____

What do you think are your talents and the good parts of your character?

What do you think are your weaknesses and the bad parts of your character?

If you could ask God one really big question what would it be? _____

Operation Samuel is an intense week that requires you to work hard; be honest about your thoughts and struggles; and be committed to trying to do what you are asked, even when you don't feel like it. It is going to be a lot of fun, but it is not going to be easy. Are you willing to do these things? Yes No

Is there anything else you think we should know about you?
