

# **OPERATION ETERNAL IMPACT APPLICATION**

Molalla, OR

August 6-17, 2012

Thank you so much for your interest in Operation Eternal Impact (OEI). The total cost for your stay at OEI will be **\$300** if you register **before June 1<sup>st</sup>, 2012** or **\$325** after June 1<sup>st</sup>. For Families with more than one student attending, a discount of \$25 per student will be given.

- Please fill out the following application, have your parents sign it, and return** it with a non-refundable deposit check of \$25 (per family) to:  
Operation Eternal Impact, 22050 Boones Ferry Rd. NE, Aurora, OR 97002. Or fax to: 503.678.6919. Your remaining tuition will be due upon arrival at OEI.
- Give the attached reference form to two non family members, and have them return it to: Operation Eternal Impact, 22050 Boones Ferry Rd. NE, Aurora, OR 97002. Or fax to: 503.678.6919.

For questions, call Staci Shrock: 503.710.0761.

## **General Registration Info**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent's Names: \_\_\_\_\_  
Church Currently Attending: \_\_\_\_\_

## **Confidential Screening Form**

We are very excited at the possibility of God using you to work in the lives of children this summer. Your honest response to the following questions will help us as we process your application, and discern your readiness for this program. This will also assist us in knowing what needs you may have during your stay. Please feel free to type your answers on a separate sheet of paper.

Please give your salvation testimony: \_\_\_\_\_

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What are your reasons/goals for attending OEI? \_\_\_\_\_

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How do your parents feel about you attending OEI? \_\_\_\_\_

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Please describe your devotional life: \_\_\_\_\_

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Please explain your personal standards and how you discern what is appropriate for music and movies: \_\_\_\_\_

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Please list what music groups you have listened to over the last six months: \_\_\_\_\_

Do your parents approve of your friends, music, and dress? \_\_\_\_\_

If no, please explain why: \_\_\_\_\_

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Please describe your relationship with your parents: \_\_\_\_\_

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Please describe your relationship with your siblings: \_\_\_\_\_

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Would your parents say that you are willingly submitted to their authority? Please explain: \_\_\_\_\_

\_\_\_\_\_

It is our desire that the environment at OEI would give the maximum amount of spiritual growth possible, and that you would be able to minister without distraction. Would you be willing to commit to setting aside and/or not pursuing any male/female relationships during your stay at OEI? \_\_\_\_\_

Do you have any concerns about attending OEI? \_\_\_\_\_

Please list your T-shirt size \_\_\_\_\_

## **Background Checks**

For your protection, we will be running various screenings and background checks on all who apply for Operation Eternal Impact.

- I am aware that, for my protection, Operation Eternal Impact will be running background and/or criminal records checks on me.

Have you ever been:

Yes    No

- A victim of physical, emotional, or sexual abuse?  
        Accused of abusing anyone sexually?  
        Charged with child abuse or a crime involving actual or attempted child abuse?  
        Arrested or charged with *any* criminal offense?  
        Convicted of a felony?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (required for background checks): \_\_\_\_\_

## **Training/Experience**

(Please note: This section will have no bearing on whether you are accepted or not. We will be giving you all the training you will need to effectively work with the children during OEI. The purpose of this section is merely to help us determine how we can best meet your needs in the area of training and equipping you to share the gospel.)

Please list any previous children's ministry training you have received:

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Please list what experience you have had working with children: \_\_\_\_\_

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How comfortable do you feel right now to share the gospel? \_\_\_\_\_

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed forms to:

Operation Eternal Impact  
22050 Boones Ferry Rd. NE,  
Aurora, OR 97002

or

Fax: 503.678.6919

After reviewing your application, we will send you a letter to inform you of whether or not you have been accepted. Once you have been accepted, we will send you more information and preparatory assignments that will help prepare you to make the most of your twelve days at OEI. We greatly anticipate what God is going to do this summer!

# **OPERATION ETERNAL IMPACT**

## Parent's Perspective

During your student's stay at Operation Eternal Impact (OEI), it is our goal to help them achieve the maximum amount of spiritual growth. It is also our desire to provide a learning experience that will help equip them and train them to minister to children in the United States and around the world. Your honest response to the questions below will help us determine if we are capable of accomplishing this goal with your student, and will assist us in encouraging your student's personal growth with the Lord. Please feel free to answer on a separate sheet of paper.

What are your reasons/goals for having your student attend OEI? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your relationship with your son or daughter?  
\_\_\_\_\_  
\_\_\_\_\_

Does your student have friendships you disapprove of? \_\_\_\_\_  
Do you approve of your student's standards in dress? \_\_\_\_\_  
Do you approve of the entertainment your student chooses (i.e. music, movies, TV, internet activity, etc.)? \_\_\_\_\_  
\_\_\_\_\_

How does your child respond to correction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that your student is willingly submitted to your authority?  
\_\_\_\_\_  
\_\_\_\_\_

Does your student struggle with anger? \_\_\_\_\_

Please list three strengths you see in your student's character: \_\_\_\_\_

\_\_\_\_\_

What weaknesses do you see in your student's character? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The twelve days your student spends at OEI will be very intense mentally, emotionally, physically, and spiritually. Do you feel your student is ready to handle this? \_\_\_\_\_

\_\_\_\_\_

Do you have any questions or concerns about your student attending OEI? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other information that you feel we should know, or that would help us as we seek to serve your student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **OPERATION ETERNAL IMPACT**

## Reference Form

Student's Name: \_\_\_\_\_

The above named individual has applied for Operation Eternal Impact (OEI), an intense twelve day summer missions program designed to equip the student to effectively communicate the gospel and other truths to children, and then give them the opportunity to apply what they have learned by holding week long Bible clubs for kids. Thank you very much for your willingness to assist us in discerning how best to serve and equip this student.

What is your relationship to this student? \_\_\_\_\_

Have you seen this student work with children? In what capacity?

\_\_\_\_\_  
\_\_\_\_\_

Why would you recommend this student for a summer missions program such as OEI? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you know of anything in this student's character that would be a hindrance to him/her or those around him during OEI? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you observed how this student interacts with his family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you observed how this student interacts with the opposite gender?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything that you feel would be helpful or necessary for us to know about this student before he/she attends OEI? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to:  
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OR 97002  
or  
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\_\_\_\_\_

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