

# THE ROCK SPEC OPS SERVICE WEEK: JULY 8TH-13TH



**THIS APPLICATION MUST BE TURNED IN BY April 22nd**

**\*PLEASE TEAR OFF THIS PAGE FOR ALL TRIP INFORMATION\***

## **ABOUT:**

We place high value on a Special Ops team member's role. You will be working in the community each day doing various jobs. This could be anything from lawn care/ clean up to helping local community business in need. The evenings will be a time of playing, bonding, worshipping, and planning for the next days projects. Remember this week is about SERVING others!

## **DATES:**

Take some time to look at you and your family's calendar. All meetings and Spec Ops week are mandatory. Please contact [perry@opcmilford.org](mailto:perry@opcmilford.org) if you have any questions about conflicts.

Sunday April 29th	1:30-3:30pm	Training Meeting #1
Sunday June 10th	1:30-3:30pm	Training Meeting #2
Thursday June 28th	5:30-6:30pm	Training Meeting #3

Sunday, July 8 - Friday, July 13

SPEC OPS SERVICE WEEK

## **COST:**

Before you apply for Spec Ops, please take time to talk with a parent or guardian about the cost of being a part of the team. The cost is \$99 and it is due on June 10, 2018. Please contact [perry@opcmilford.org](mailto:perry@opcmilford.org) for information about how we can partner with you in raising financial support for this service project.

## **BEFORE YOU APPLY:**

Before you apply for the Special Ops Team, please take some time to ask the Lord if this is where He wants you to serve this summer.



# Special Ops Team Application

## Personal Information

Please print clearly. All information is confidential and used only as necessary.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  Male  Female

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

May we share your email and phone numbers with the team?  Yes  No

## Education

School you will attend Fall 2017: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_

T-Shirt Size: S M L XL XXL 3XL

## Emergency Contact

Name of Parent/Guardian to notify in case of emergency: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ (email) \_\_\_\_\_

## Church Affiliation

Do you attend Oak Pointe Church|Milford:  Yes  No

What is your attendance like at the ROCK?

Attend every week  Couple times a month  Once a month or less

How long have you been regularly attending the ROCK? \_\_\_\_\_

Have you attended a service project before? If so, where, and what did you do there?  Yes  No

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## Spiritual Information

The following questions will not affect whether or not you make the team. These questions are for your reflection before applying to join the Special Ops Summer Service Team. However, please submit this page with your application.

1. Have you ever made a personal commitment to Jesus Christ? \_\_\_\_\_

If so, please describe:

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2. How does your relationship with Jesus effect your daily life? \_\_\_\_\_

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3. What do you do on a regular basis to grow in your relationship with God? \_\_\_\_\_

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**Medical Information:**

How would you describe your present health?  Excellent  Good  Average  Poor

Please state any major illness(es) you have had in the last five years: \_\_\_\_\_

Are you presently under the care of a physician?  Yes  No If yes, explain: \_\_\_\_\_

Please list any medication you are taking: \_\_\_\_\_

Do you have any special medical needs?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any conditions that would make walking distances a risk?  Yes  No  
If yes, explain: \_\_\_\_\_

Please list your insurance information: Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_

**Medical Consent:**

I, \_\_\_\_\_ am the parent or the legal guardian of \_\_\_\_\_, a minor, and have given my consent for him/her to attend the Oak Pointe Church |Milford SpringHill Day Camp Service Team work project. In the event that he/she is injured while attending the project and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event of an emergency where there is no time or opportunity to make a telephone call or if we cannot be reached by phone, we here by authorize the team leader to give such consent for us. In the event it becomes necessary for that person to give consent for us, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of alternate Parent/Guardian

Phone Number(s) where each can be reached: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Don't forget to sign the service commitment on the next page!

## Service Commitment:

### Applicant Commitment:

I, \_\_\_\_\_ am willing and prepared to commit my time and energy to the mandatory meetings and Spec OPs Service Week. I understand that through fund raising and partnering with my family I will raise the **\$99** that is due on June 10, 2018. I am willing to allow God to guide me as I raise the money needed to participate on the Counselors in Training Team on July 8-13, 2018.

### Parent/Guardian Commitment:

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_, am committed to partnering with my student in the raising of funds of the total of **\$99** which is due on June 10, 2018. I am committed to encouraging my student to participate in all mandatory meetings and Spec Ops Service Week on July 8-13, 2018.