

# **OPERATION EDUCATION:**

## **ROCK HILL, SC**

### **SUMMER 2021**

#### **WHAT IS OPERATION EDUCATION?**

Operation Education is a short-term, state side, mission trip that challenges you to experience service and ministry on a whole new level. The combination of Service and Adventure makes it an exciting opportunity for Christian growth! For 5 days, you along with other participants from different areas, come together for one purpose—to become better prepared to serve the Lord. Whether that means serving in your neighborhood, in another part of the country, or possible service in another part of the world, you will catch a lifelong vision of a world in need of Christ!

You will have the opportunity to serve the Lord through serving others in need. Be challenged as you step out of your comfort zone and explore a different environment. Experience new adventure, meet new people and make friends that will last a lifetime!

#### **TRAINING FOR SERVICE**

As you prepare to serve the Lord and others, there will be scheduled training days where you will be challenged and grow along with your team members by participating in training for ministry and learn to work together through team-building activities.

Training for service includes learning how to recognize and fulfill your unique calling by studying what it means to serve the Lord wholeheartedly. Inspiring evening devotions challenge you to action through God's Word, prayer, and Scripture memory.

Part of the adventure will include long work-packed days, roughing it by sleeping on a hard surface, eating different types of foods, and learning how to adapt to living in close living quarters—excellent training for missionaries!

#### **SERVICE IN ACTION**

Once training days are complete, we will be ready to serve and minister at needy schools that use the A.C.E. program. You will travel with your team to spend at least five days implementing what you have learned. Teams will enjoy getting to know the people as they minister, build student offices, paint, and do whatever they can to help these schools prepare for the new school year. Participants will have the chance to take part in sharing the Gospel through their testimonies as well as other ministry activities.

On our last day, fellow participants and leaders will enjoy a time of debriefing and an offsite activity if possible. Debriefing is an essential part of the Operation Education experience because it allows participants to make an overall self-assessment of physical, emotional, mental, and spiritual growth. This is a time for evaluating personal and group experiences and applying what you have learned to everyday life.

#### **WHO CAN ATTEND?**

All participants must be at least 12 years of age by June 1 prior to Operation Education. Attendees must be in excellent standing in school academically and spiritually, be a graduate who used the curriculum, or a parent or staff member associated with ACE. Participants under the age of 18 must have written permission from a parent/guardian. A recommendation from a pastor, administrator, or supervisor will be required. We encourage adults of all ages to participate, as Operation Education adventure is not just for young people.

## **PRACTICAL MISSIONS ELECTIVE**

High school students can take part in the Practical Missions elective course by participating in Operation Education and completing the Organization training PACE in conjunction with the Soulwinning PACE. At the end of Operation Education, participants will receive a certificate that states they have successfully qualified for this half credit. We encourage students who desire to learn more about missions to take the Introduction to Missions PACEs 1–6 that also count as a half credit, together providing a full missions credit. In order to receive recognition for this high school credit at Operation Education, the high school participant should complete the required PACEs and submit the Operation Education Training Affidavit before the date of the scheduled trip.

### **HOW TO APPLY**

**Step One:** To apply for Operation Education mission trip, send the following printed forms with a nonrefundable \$25 registration fee by Friday, June 4, 2021 to **Academy Christian School, 129 W. Border Rd, Rock Hill, SC 29730**. Or email to [officeacademy@comporium.net](mailto:officeacademy@comporium.net) or fax to **803-327-0212**.

- Application (must include a current photo for non ACS students and adults)
- My Christian Testimony
- Why I Want To Attend
- Character Reference (sent to ACS by your pastor and supervisor)
- Nonrefundable Registration Fee of \$25
- Health Status
- Sign a CoVid release form

\*Your Operation Education application will be submitted to the school board for approval. Once their decision is made, you will be notified of approval status.

**Step Two:** Once you have been accepted, you will receive a packet with a letter and any information that you may need to proceed with the registration process. You will need to complete the remaining registration forms, and send the following items to ACS to the above address before Friday, June 18.

- Training Affidavit (if applicable)
- Operation Education Fee of \$85

### **THE COST**

Cost for participation is \$85. This fee covers lodging, meals, equipment, supplies, class materials, training, and transportation during the Operation Education adventure. This fee is due by June 4. The participation fee of \$85 is in addition to the \$25 registration fee, and is due by Friday, June 18.

### **FOR MORE INFORMATION**

If you would like to learn more about how you can experience this life-changing adventure, please email Donna at [officeacademy@comporium.net](mailto:officeacademy@comporium.net) or call 803-327-5673.

Do you want to be an additional blessing? You can help raise funds for our Operation Education adventure to purchase other Learning Center needs for the school in which you will serve. If you would like to make donations to help with tools and materials, email [officeacademy@comporium.net](mailto:officeacademy@comporium.net) or [theacademy@comporium.net](mailto:theacademy@comporium.net).





# OPERATION EDUCATION CHARACTER REFERENCE

(To be completed by supervisor)

**Participant:** Please fill in your personal information and give this form to your pastor or supervisor to complete.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Dear Supervisor:** Thank you for assisting with the selection of participants for the ACS Operation Education mission trip. ACS is endeavoring to assist mature, committed, Christian young people and adults to represent our Lord as His servants. With this in mind, we ask that you please fill out the Character Reference form and return it to:

**Operation Education, Academy Christian School, 129 W. Border Rd., Rock Hill, SC 29730.**

All responses will be held in strict confidence.

- How long have you known this prospective participant? \_\_\_\_\_
- Your relationship with the prospective participant:  Pastor  Supervisor  Other \_\_\_\_\_
- Please indicate character strengths and weaknesses in the following areas:

	<u>Excellent</u>	<u>Good</u>	<u>Inconsistent</u>	<u>Poor</u>	<u>Unknown</u>
Ability to follow direction	<input type="checkbox"/>				
Attitude toward authority	<input type="checkbox"/>				
Functions under stress	<input type="checkbox"/>				
Leadership qualities	<input type="checkbox"/>				
Working relationships with others	<input type="checkbox"/>				
Emotional stability	<input type="checkbox"/>				
Character and honesty	<input type="checkbox"/>				
Spiritual life	<input type="checkbox"/>				

- If Inconsistent is marked, please explain. \_\_\_\_\_
- Please note anything, including areas of concern, about the prospective participant or his/her family that you feel we should know. \_\_\_\_\_
- To the best of your knowledge, does or has the prospective participant engage(d) in the use of tobacco, alcohol, or drugs?  Yes  No
- Is the applicant active in your church?  Yes  No If no, which church? \_\_\_\_\_
- What character trait(s) are demonstrated that you believe qualify this applicant to attend Operation Education? \_\_\_\_\_
- Please indicate your recommendation for this prospective participant.
 

<input type="checkbox"/> Fully recommend	<input type="checkbox"/> Not recommend at this time
<input type="checkbox"/> Recommend with slight reservations	

Your name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Signature \_\_\_\_\_

# OPERATION EDUCATION CHARACTER REFERENCE

(To be completed by Pastor)

**Participant:** Please fill in your personal information and give this form to your pastor or supervisor to complete.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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Attitude toward authority	<input type="checkbox"/>				
Functions under stress	<input type="checkbox"/>				
Leadership qualities	<input type="checkbox"/>				
Working relationships with others	<input type="checkbox"/>				
Emotional stability	<input type="checkbox"/>				
Character and honesty	<input type="checkbox"/>				
Spiritual life	<input type="checkbox"/>				

- If Inconsistent is marked, please explain. \_\_\_\_\_
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<input type="checkbox"/> Fully recommend	<input type="checkbox"/> Not recommend at this time
<input type="checkbox"/> Recommend with slight reservations	

Your name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Signature \_\_\_\_\_

# OPERATION EDUCATION

## HEALTH STATUS

(Please type or print clearly.)

Name \_\_\_\_\_ Date \_\_\_\_\_

Please identify and medical conditions or limitations which might affect your performance during Operation Education. \_\_\_\_\_

Do you have any allergies that require special attention? If so, please explain. \_\_\_\_\_

Do you require any medications? If so, please identify by prescription name \_\_\_\_\_

Do you have any dietary concerns or requirements? \_\_\_\_\_

Have you had surgery during the past 12 months? If so, please explain. \_\_\_\_\_

Are you currently under a doctor's care? If so, for what condition? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Street

City

State/Province

ZIP/Postal Code

### Immunization History

Please list dates of most recent vaccination boosters.

**Note:** The following vaccinations are recommended, but not required.

Vaccine	Date
DTP	_____
Tetanus Booster	_____
MMR	_____
Polio	_____
Influenza	_____
H1N1	_____

### IN THE EVENT OF AN EMERGENCY, CONTACT:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

# OPERATION EDUCATION

## APPLICATION

Date \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex  M  F T-shirt Size  S  M  L  XL  XXL

### PASTOR INFORMATION

Pastor's Name \_\_\_\_\_ Church Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Are you a member? \_\_\_\_\_ Years attended \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

List any medical problems or physical limitations \_\_\_\_\_

Describe your involvement with ACS (student, graduate, supervisor, parent, pastor, etc.) \_\_\_\_\_

Years with ACS \_\_\_\_\_ Year of future or past graduation \_\_\_\_\_ Denomination/Religious affiliation \_\_\_\_\_

Special skills, talents, interests, or abilities  Music  Art  Drama  Computer  Carpentry  Other

(Explain) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Permission (if under 18): I give \_\_\_\_\_ my permission to participate in the 20\_\_\_\_ ACS Operation Education.

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_