

SHORT-TERM TRAINING APPLICATION

Full-Time Training, Hamilton, 2011

Name		Gender	<input type="checkbox"/> Bro. <input type="checkbox"/> Sis.
Locality		Arrival date (arrive Lord's Day)	
Date of Birth		Estimated arrival time	
Date saved		Departure date (depart Sat)	
Date baptized		Estimated departure time	
Present occupation		Cell phone	
Email address		Home phone	

Are you in good physical and psychological condition? If not please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any physical disabilities If yes please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the fee for the training is \$190 per week	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the short-term training is for one or two weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's signature _____

Elder's Recommendation

Notes about trainee			
Signature		Date	
Print name		Email address	

Please post (NZTC, P.O. Box 7151 Hamilton East, Hamilton 3247) or fax (07 834 2470) this form so that it is received by the office at least five days before you come.

Upon receipt and acceptance of your application, we will send a confirmation to you.

*The Full-Time Training is an opportunity to enjoy the Lord Jesus!
Please write a testimony (100-300 words) of your experience or enjoyment in the training,
and hand it in to the office before you leave.*

For Office Use	Director's Signature _____
Form Received (date) _____	Date accepted _____