

Living Stream Ministry

2431 W. La Palma Ave., / Anaheim, CA 92801
P.O. Box 2121 / Anaheim, CA 92814 / U.S.A.

April 30, 2024

TO THE ELDERS OF THE CHURCHES

RE: Announcement of the Fall 2024 Middle-age Full-time Training in Anaheim

Thank the Lord that the forty-second term of the multi-language Middle-age Full-time Training (FTTA-MA) is nearly completed. Saints from various countries: United States, Brazil, Canada, China, Germany, Malaysia, Singapore, South Korea and Taiwan participated in this past term of the training. Regardless of their respective races, nationalities, and languages, the trainees are being perfected in an atmosphere of blending and in the reality of the one new man.

The FTFA-MA is a one-year program, and all classes are designed with a full year in view, in two 15-week terms. The coming term of the Middle-age Training will begin on September 9, 2024 and will conclude on December 21, 2024. The curriculum and schedule are designed to meet the specific needs of this age group. The classes are given in English, Chinese, Korean and Spanish languages. We hope that many saints in the Lord's recovery, between the ages of 35 and 65, will seize this opportunity to be perfected. Please refer to the attached information sheets for details. All applications must be received by the Middle-age Training Office no later than August 20, 2024.

Sincerely,

Living Stream Ministry
Middle-age Full-time Training in Anaheim

Middle-age Full-time Training in Anaheim Information

Date: Monday, September 9, 2024 to Saturday, December 21, 2024

Application Deadline: 1. All applications including the health questionnaire (if registered more than 4 weeks) must be received by the training office no later than August 20, 2024.
2. Those accepted to the Training will be notified by e-mail.
3. Further details concerning the Training will be furnished upon acceptance notification. **Please do not make any travel arrangement until you have received an acceptance notification from the Training Office.**

Location: Middle-age Full-time Training Center
1853 W. Ball Road, Suite 102, Anaheim, CA 92804

Qualification: Brothers or sisters in the church life, between the age of 35 and 65, in sound physical and mental health, and with elders' recommendation. For saints who are younger than 35 or older than 65, please fellowship with the local elders for their approval and recommendation.

Saints may attend the training on a short-term basis, except for the last three weeks of the training. The minimum period required for short-term is one week. Short-term applicant should plan to arrive at the training on Lord's Day or Monday.

Clothing Requirement: All clothing requirements are **MANDATORY** for all trainees for the entire duration of the training, including weekly recess time, i.e. from Lord's Day afternoon 4:00 PM to Monday 7:00 PM. Both brothers and sisters are expected to dress according to the

requirements specified below upon arrival at the Training for registration and interview on September 9, 2024. Please note that NO uniform will be available for purchase at the training center.

A. Brothers

1. Training Attire

- a. Shirts: Solid white dress shirts with long sleeve and a collar. Shirts should be tucked in at all times.
- b. Ties: Ties will be supplied and available for purchase upon arrival at the Training.
- c. Dark solid navy blue or black suit coat or blazer.
- d. Dark solid navy blue or black pants. No jeans and shorts are allowed at all time.
- e. Undershirts: White only.
- f. Dress shoes/socks/belt: Black or dark blue and of a conservative style.
- g. Facial hair: A brother should keep his face clean and shaven. Nose hair should be trimmed. Beards, mustaches, long sideburns, and shaved heads are not permitted. Hair dyeing, highlighting, or streaking is not permitted.
- h. Cologne with strong fragrance is not permitted.

2. Gospel Attire

- a. Pants—beige, brown, blue, or black and without any patterns.
- b. Shirt—full button-down with a collar. Must be tucked in.

3. Lord's Day Attire

- a. Training attire is not required.
- b. Dress slacks.
- c. Dress shirt—white or solid conservative light color, full button-down, with long sleeves and a moderate collar. Must be tucked in.
- d. Dress shoes.
- e. Tie—conservative color and pattern.

B. Sisters

1. Training Attire

- a. Shirts: Solid white blouse with a collar, no form fitting. Blouse should be tucked in at all times.
- b. Dark solid navy blue or black skirt, suit coat or blazer.
- c. Dress shoes: Heels no higher than 1.5 inches, closed toe, heels and sides, solid black or solid dark blue shoes. No boots are allowed.
- d. Skirt: No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- e. Nylons: Black or natural color.
- f. Sleeveless blouse, jumper and one-piece dress are not allowed.
- g. Slacks (pants) and jeans are not permitted at all time.
- h. Scarf: Solid black, dark blue or white, with no design or monogram.
- i. No ornamentation (except wedding rings).
- j. No nail polish for either fingernails or toenails.
- k. No hair dyeing, highlighting, or streaking.
- l. Perfumes or lotions with strong fragrance are not permitted.

2. Gospel Attire

- a. Skirt: No pencil (narrow) skirts. The length of the skirt should extend 6 inches

below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.

- b. Blouse or shirt—full button-down with a collar. No polo shirts or t-shirts are permitted.
 - c. Shoes—dark or neutral color and must be kept clean. They must have closed toes, sides, and heels. Canvas or similar shoes are permitted.
3. **Lord's Day Attire**
- a. Training attire is not required.
 - b. Dress or skirt—required. No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
 - c. Blouse—modest and not form-fitting.
 - d. Shoes—dark or neutral color with closed toes, sides, and heels.

C. General

1. Please bring other necessary clothing according to your needs, such as warm winter clothing for cold weather, exercise clothes and shoes, work clothes and shoes, etc. Sisters may wear black tights underneath for warmth. No leggings are permitted. All clothing needs to be proper, according to the standard of a saint.
2. To wear a different jacket in place of the training specified, i.e. dark solid navy blue suit coat is not permitted. Sweaters should be worn underneath the suit coat. Overcoats and sweaters should be in dark solid navy blue, gray or black with no design or monogram. Overcoat should not be worn inside the classroom.
3. The training will provide all linens, such as pillow, bed sheets, blankets, etc. Please bring your personal items, such as towels, shampoo, etc.

Lodging: Training-arranged housing will be provided to single brothers or sisters when requested. Married couples without children will be lodged together in training-arranged housing if both are trainees. Couples with children may also apply provided they are able to take care of their own housing needs and living costs. Southern California trainees may stay at home and commute.

Transportation: Trainees are encouraged to provide their own vehicle.

Medical Requirements: **Mandatory medical requirements for trainees registered for one month or longer:**

1. Health Questionnaire must be completed and submitted along with the application (download the form at www.fttamidage.org) if you register more than four weeks.
2. Major medical or valid travel insurance, e.g., copy of insurance card or insurance certificate, which provides coverage while trainees are in Anaheim, must be in place before they arrive for the first day of the training.
3. All incoming trainees must submit evidence of tuberculosis (TB) screening after you receive the official acceptance letter from the Training Office.

Although tuberculosis screening need not be completed before the application is submitted, it must be completed before arrival in Anaheim. Trainees are not allowed to participate in the training, including meals or housing, prior to completion of tuberculosis screening.

In most cases, TB screening is done by a skin test (PPD) performed within the last 6 months before the start of the Training. However, in the event that your TB skin test returns positive, a radiologist's report in English of a chest X-ray done after the PPD must

be submitted. The skin test requires two visits to a health care provider, 48-72 hours apart, and obtaining a chest x-ray report normally requires at least a week. The applicant should allow for unforeseen delays.

If the PPD test was positive in the past, the PPD should not be repeated. In this case, a chest x-ray done within the last 12 months before the start of the training is sufficient.

If the TB screening requirement is fulfilled by chest x-ray, the report must be in English and signed by a radiologist. Note that a statement from a personal physician that the chest x-ray was normal is not sufficient. In addition, you must send the chest x-ray in electronic format to midage@ftta.org, or bring the chest X-ray, preferably in electronic format, to your medical interview on the first day of the Training.

An alternate method of screening is by blood test. One advantage of the blood test is that it might turn out normal even if the PPD was positive in the past, which would spare the need for a chest x-ray. However, the blood test is more expensive and is not as widely used as the PPD.

There are two situations in which no skin test, x-ray or blood test is required. One is if the individual has previously had TB, has completed treatment, and is currently without symptoms of cough, fatigue, night sweats or weight loss. The other is if the individual has completed a course of antibiotic prophylaxis for TB (this is usually 6-9 months in duration). In either case, documentation of treatment must be submitted in English.

Applicants are strongly recommended to have immunization against tetanus, hepatitis A and B, influenza. For those who are over 50 years old, the Zoster (shingles) vaccine is also recommended. The pneumococcal vaccine is recommended for applicants over 65 in good health condition.

It is also recommended that applicants over fifty years of age to consult a physician to undergo examination and other evaluation as deemed necessary to assure readiness to undertake an intensive year-long training program.

- Cost:** Full-time trainee: US \$4950 per term of 15 weeks, or \$330/week (includes lodging and meals)
Short-term trainee: US \$330/week (includes lodging and meals)
Commuter: US \$2850 per term of 15 weeks or \$190/week (no lodging but lunch included)
Personal expenses: Not included in the above

Payment: Make check payable to Living Stream Ministry, and mail it to:
Middle-age Full-time Training
2431 W La Palma Ave,
Anaheim, CA 92801

Payment schedule:

Option 1: Full payment on 9/9/24

Option 2: Every 4 weeks on 9/9/24, 10/8/24, 11/5/24 and 12/3/24, with \$1320 for the first three payments, and \$990 for the last payment

(Commuter: \$760 for the first three payments, and \$570 for the last payment).

Schedule: Weekday: Tuesday to Friday – 9:00 AM to 2:45 PM
Tuesday –7:30 PM to 8:30 PM (Attend Church Prayer Meeting)
Wednesday – 7:30 PM to 9:30 PM (Attend Wednesday Night
Ministry Meeting)
Weekend: Saturday – 9:00 AM to 11:00 AM (Study Session)
Friday & Saturday evenings – Attend church small group
meetings or study.
Lord’s Day – Attend Lord’s Table and prophesying meeting.
Gospel visitation and follow-up.

Semiannual Training: It is strongly recommended that all trainees attend the July and December Semiannual Training. Registration for the semiannual training should be done through the trainee’s sending locality.

Contact: Middle-age Full-time Training Office: 714-236-6027; Office Fax: 714-236-6029
Mailing Address: 2431 W La Palma Ave, Anaheim, CA 92801, U.S.A.
Email Address: midage@ftta.org
Website: www.fttamidage.org

Translation: A smartphone and headset are required for all non-English speaking trainees.

MIDDLE-AGE FULL-TIME TRAINING IN ANAHEIM APPLICATION FORM

Fall 2024 (9/9/24 to 12/21/24)

Application Deadline: August 20, 2024

PLEASE PRINT NEATLY & THOROUGHLY IN DETAIL

Name: _____ Bro _____ Sis _____ Birth Date: ____/____/____
Last First M.I. month date year

Age _____

Address: _____ Home Phone: () _____

Cell Phone: () _____

E-mail: _____

Sending Locality: _____

City State Country

Others (Please check one):

LINE WeChat WhatsApp KakaoTalk

ID #: _____

Nationality: _____

Language(s) Spoken: _____

Education: _____

School

Major

Degree

Present or recent occupation: _____

Will you bring a car: Yes _____ No _____ ; if yes, how many passengers will it accommodate? _____

Housing desired: Yes _____ No _____

Attending Date: Full Time _____ or Short Term _____ ; if short term, you will attend from ____/____/____ to ____/____/____

Date saved: _____ Date baptized: _____ Date you came to the church: _____

Locality where you first contacted the church: _____

Areas of church service you have been involved in: _____

Marital status: Single _____ Married _____ Widowed _____ Divorced / Separated _____

Spouse's Name: _____ Spouse's Age: _____

Date of Marriage: _____ Spouse's Occupation: _____

Spouse's attitude toward your attending the training: Agree _____ Disagree _____ Also will attend _____

Dependents:

Name	Relationship	Age	Saved
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1. _____ Yes _____ No _____

2. _____ Yes _____ No _____

Mandatory Medical Requirements for Trainees Registered for One Month or Longer:

1. Health Questionnaire **must** be completed and submitted along with this application if you register more than four weeks.
2. Evidence of tuberculosis (TB) screening must be submitted prior to arrival.
3. Major medical or valid travel insurance, which provides coverage while trainees are in Anaheim, must be in place before they arrive for the first day of the training. Please provide a copy of your insurance card or your travel insurance certificate.

You will be supported by: Yourself _____ Church _____ Family or Friends _____ Other means _____

Other pertinent information: _____

Where did you hear about FTTA-MA? Past Trainees Information Meeting Elders' Recommendation

Other: _____

Applicant's Signature: _____ Date: _____

Additional Personal Information

Name: _____

Date: _____

1. Please introduce yourself (Your answer should briefly describe your marriage, family, work, health, when and how you were saved, etc., how is your church life and meeting life after you were saved):

a. When and how you were saved?

b. How is your church life and meeting life?

c. Marriage and/or family:

d. Work:

e. Health:

2. Why am I attending this training?

3. My expectation from this training:

Additional Personal Information

Name: _____

Date: _____

4. Life Practice, Truth Pursuit and God-ordained Way Practice:

Daily personal morning revival: Yes _____ No _____

Daily Bible reading: Yes _____ No _____

Daily personal prayer: Yes _____ No _____

Gospel preaching: Yes _____ No _____

Shepherding new ones: Yes _____ No _____

Attending small group meeting: Yes _____ No _____

Lord's day prophesying: Yes _____ No _____

List down all the Life-study messages you have read through: _____

Other:

Please provide the name, email address and mobile number of two elders/leading brothers who will be recommending you:

1) Elder/Leading Brother's Name: _____

Email: _____ Mobile Number: _____

2) Elder/Leading Brother's Name: _____

Email: _____ Mobile Number: _____

The acceptance of your application depends on receiving the recommendation of at least two elders from your sending locality. It is important that you submit the completed application directly to the Middle-age Training Office by emailing or mailing it. Upon receiving your application, the training office will contact your elders for their recommendations. Once we receive your completed application and the elders' recommendation, we will review the submitted information and will inform the status of your application by email.

If you feel any question is too personal please feel free to omit and discuss with the medical doctor in private.

FTTA MIDDLE-AGE TRAINING

TRAINEE HEALTH QUESTIONNAIRE

(To be filled out by the applicant and submitted with the application)

CONFIDENTIAL

Name _____ Phone No. (____) _____
 _____ Fax/E-mail _____
 Locality _____ Nationality _____
 Age _____ Sex _____ Race _____ Date of Birth _____

Please give details to any question answered by a check in the left-hand column in the space provided at the end of the questionnaire.

1. Are you presently in good general health and free of contagious illness? Yes _____ No _____
2. Do you have any allergies to medicines? Yes _____ No _____
3. Do you have any allergies to foods? Yes _____ No _____
4. Do you have any allergies to mold, pollen or other substance that are inhaled? Yes _____ No _____
5. Do you have any chronic illness? Yes _____ No _____
6. Do you have any physical disability? Yes _____ No _____
7. Do you take any medicine on a regular basis? Yes _____ No _____
8. Have you ever had surgery? Yes _____ No _____
9. Have you been advised by a doctor to have any diagnostic procedures or treatment which has not yet been done (for example, chest x-ray for chronic cough, surgery or hernia)? Yes _____ No _____
10. Have you ever had the following illnesses?

peptic ulcer	Yes _____ No _____
tuberculosis	Yes _____ No _____
hepatitis	Yes _____ No _____
heart disease	Yes _____ No _____
kidney disease	Yes _____ No _____
cancer	Yes _____ No _____
high blood pressure	Yes _____ No _____
nervous breakdown	Yes _____ No _____
asthma	Yes _____ No _____
other serious illness	Yes _____ No _____
11. Have you ever been hospitalized for?

physical illness	Yes _____ No _____
mental illness	Yes _____ No _____

* If so, give date, reason and result _____
12. Have you used tobacco, alcohol or habit-forming drugs within the last three years? Yes _____ No _____

* If you ever used cigarettes regularly, for how many years and how many packs per day? _____
13. Have you ever had a serious injury? (e.g., whiplash, concussion, fractured bone)? Yes _____ No _____
14. Have you had a physical examination with the last three years? Yes _____ No _____

* If so, give date, reason and result _____
15. Have you had a chest x-ray within the last three years? Yes _____ No _____

* If so, give date, reason and result _____
16. How many colds do you have per year? Less than 3 _____ 3 or more _____
17. In the last year, have you lost more than one week from school or work due to your health? Yes _____ No _____

18. In the last three years, have you lost more than one month from school or work due to your health? Yes _____ No _____
19. Have you exercised regularly during the last three years? Yes _____ No _____
20. What level of exercise can you tolerate?
 Running _____
 Jogging _____
 Walking _____
 Don't know _____
21. Do you anticipate a problem from culture shock? Yes _____ No _____

IMMUNIZATION RECORD

Immunization/Test * Date Received

Td		Should be within last 10 years	
Hepatitis A	#1	#2	
Hepatitis B **	#1	#2	#3
TB skin test (PPD)	Date: Result:	If positive , date of chest x-ray:	Result of chest x-ray:
MMR	#1	#2	

*If any of the immunizations or TB skin test (PPD) have **not** been received, please explain reason in space provided below.

If immunization has **not been received, indicate reason:

- a) have had it and am a carrier
- b) have had it and am immune
- c) do not know my status, I did not received the full series. (If so, a blood test can verify immune status.)

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING COMPLAINTS?

22. Recent weight change of five or more pounds Yes _____ No _____
23. Toothache Yes _____ No _____
24. Gums which are red, swollen or bleed easily Yes _____ No _____
25. Teeth which need to be filled, extracted or replaced Yes _____ No _____
26. Headaches Yes _____ No _____
27. Double vision Yes _____ No _____
28. Dizziness of fainting spells Yes _____ No _____
29. Glaucoma Yes _____ No _____
30. Runny nose or sore throat Yes _____ No _____
31. Chronic sinusitis Yes _____ No _____
32. Nose bleeds Yes _____ No _____
33. Ear Disease Yes _____ No _____
34. Impaired hearing Yes _____ No _____
35. Thyroid disease Yes _____ No _____
36. Enlarged glands Yes _____ No _____
37. Cough for more than three weeks, or bloody sputum Yes _____ No _____
38. Wheezing Yes _____ No _____
39. Any other kind of lung trouble Yes _____ No _____
40. Chest pain Yes _____ No _____
41. Heart murmur Yes _____ No _____
42. Swollen hands Yes _____ No _____
43. Feeling of awakening in the night smothering Yes _____ No _____
44. Shortness of breath (not during exercise) Yes _____ No _____
45. Abdominal pain Yes _____ No _____

- | | | | |
|-----|--|-----|----|
| 46. | Nausea or vomiting | Yes | No |
| 47. | Heartburn | Yes | No |
| 48. | Excessive belching or passing gas | Yes | No |
| 49. | Diarrhea | Yes | No |
| 50. | Constipation | Yes | No |
| 51. | Recent change in bowel habits | Yes | No |
| 52. | Pain with bowel movements | Yes | No |
| 53. | Blood with bowel movements | Yes | No |
| 54. | Sensation of food sticking in throat | Yes | No |
| 55. | Difficulty swallowing | Yes | No |
| 56. | Painful Urination | Yes | No |
| 57. | Blood in urine | Yes | No |
| 58. | Frequent urination (more than 6x/day or 1x/night) | Yes | No |
| 59. | Weak stream of urine, or leaking urine | Yes | No |
| 60. | (For males only) Discharge from the penis | Yes | No |
| 61. | Marital problems | Yes | No |
| 62. | Varicose veins | Yes | No |
| 63. | Joint pain | Yes | No |
| 64. | Pain in legs or buttocks when walking, which is relieved by rest | Yes | No |
| 65. | Change in color or size of a mole | Yes | No |
| 66. | Bleeding mole | Yes | No |
| 67. | Scab which has not healed in three weeks or more | Yes | No |
| 68. | Change in skin color | Yes | No |
| 69. | Frequent skin infections or boils | Yes | No |
| 70. | Other skin diseases | Yes | No |
| 71. | Lump under the skin | Yes | No |
| 72. | Anemia | Yes | No |
| 73. | Blood clots | Yes | No |
| 74. | Easy bruising | Yes | No |
| 75. | Prolonged bleeding after surgery or injury | Yes | No |
| 76. | Convulsions | Yes | No |
| 77. | Weakness or paralysis | Yes | No |
| 78. | Difficulty falling asleep in the evening | Yes | No |
| 79. | If you awaken during the night, difficulty falling back asleep | Yes | No |
| 80. | Have you ever been under psychiatric care or been advised to see a psychiatrist? | Yes | No |
| 81. | Unusual fears (such as claustrophobia)? | Yes | No |
| 82. | Difficulty in adjusting to new situations | Yes | No |
| 83. | Intolerant to heat or cold | Yes | No |
| 84. | Change in hat or glove size | Yes | No |
| 85. | Change in hair growth | Yes | No |

QUESTIONS 86-96 FOR WOMEN ONLY

- | | | | |
|-----|---|-----|----|
| 86. | Do you miss school or work due to menstrual pain? | Yes | No |
| 87. | Do you have bleeding in between your periods? | Yes | No |
| 88. | Do you have vaginal itching or discharge? | Yes | No |
| 89. | Have you ever had a Pap smear (test for cervical cancer)? | | |
| | * If so, give date and result _____ | | |
| 90. | Do you examine your breasts monthly? | Yes | No |
| 91. | Do you have a breast lump or lump under your arm? | Yes | No |
| 92. | Do you have a discharge from the nipple? | Yes | No |
| 93. | Age at which periods began _____ | | |
| 94. | Do you still have periods? | Yes | No |
| | * If not, age at which periods ceased _____ | | |
| 95. | Number of pregnancies _____ | | |
| 96. | Number of live births _____ | | |

SOCIAL AND OCCUPATIONAL HISTORY

97. Have you ever been exposed to hazardous working environment? Yes _____ No _____
98. Marital status single _____
 married _____
 widowed _____
 separated _____
 divorced _____
99. How many dependents live with you (except spouse) _____
100. What was the highest level of education you attained? _____
 Degree _____ Field _____
101. What were your occupation(s) before going full-time? _____
102. Have you had any training in medicine, nursing or related fields? Yes _____ No _____
 * If so, please give details _____

FAMILY HISTORY

- | 103. Relationship | If alive, age | If deceased, age at death | Present state of health or cause of death |
|-------------------|---------------|---------------------------|---|
| Father | _____ | _____ | _____ |
| Mother | _____ | _____ | _____ |
| Brother | _____ | _____ | _____ |
| Sister | _____ | _____ | _____ |
104. Besides those noted above, do any other diseases run in your family? Yes _____ No _____
 * If so, give details _____

ADDITIONAL INFORMATION

105. What is your height? _____
106. What is your weight? _____
107. What is your heart rate? _____
108. What is your blood pressure? _____
109. What is your fasting blood glucose level? _____
(Both the blood pressure and blood glucose measurements may be obtained either through a health professional, or personally through an owned or borrowed home monitoring device.)
110. Whom to notify in case of emergency:
 Name _____
 Address _____
 Telephone _____

This space is for detailed answers to questions above. Please be sure to note the question number. Attach additional sheet if necessary.

Signature _____ Date _____