



**ATTENTION – PLEASE read and fill out the ENTIRE application
Before signing your name where designated.**

APPLICATION FOR TEAM ON T.E.C. # _____

IMPORTANT!!! READ ALL OF THE FOLLOWING:

1. The Selection Team selects T.E.C. weekend teams at least 6 weeks before the T.E.C. weekend. Applications will not be considered outside of the dates listed on the form below. If you are selected for the team, you will be notified by the Director of the T.E.C weekend several days before the Focus Meeting. The Selection Team will notify anyone not selected for the team.
2. This application is good for THIS T.E.C. ONLY. Please reapply if you wish to work other weekends.
3. It is mandatory that all members chosen for Team on a T.E.C. weekend attend the Focus meeting (usually 5 weeks prior to the weekend) and the Pot Luck meeting (usually 1 week prior to the T.E.C. weekend). Other meetings will be necessary for each team.
4. You must be able to arrive at the Magnificat Center for the T.E.C weekend on Friday evening at 7:00 pm and stay through Monday evening until 7:30 pm.
5. Team fee of \$65 is to be paid at the Pot Luck meeting. **Make checks payable to “TEC New Orleans.”**
6. Alcohol, drugs, and under-aged smoking are not allowed on the T.E.C. weekend.
7. If you are selected as a team member, you will be called upon to serve as a Christian role model exhibiting and advocating Christian values and principles in your life. Prayerfully consider your commitment to regular Mass attendance, your role in the Church, and your attitude toward Christian moral and social guidelines. If you feel that your lifestyle is not consistent with Church teachings and would be harmful to the T.E.C. process and weekend, please reconsider submitting an application at this time.

I understand and will abide by the above responsibilities for membership on a team to work a Teens Encounter Christ retreat.

Signature: _____

Please make sure you complete the other side of this form before submitting this application. This application and a completed copy of the T.E.C. consent and medical form should be sent to the following address:

**TEC New Orleans
CYO/Youth and Young Adult Ministry Office
Archdiocese of New Orleans
105 Bonnabel Blvd.
Metairie LA 70005**

CURRENT RETREAT DATES:

T.E.C. #	Team Retreat Dates	Application Deadline	Focus Meeting	Pot Luck
111	July 30-Aug 2, 2010	June 21, 2010	June 27, 2010	July 25, 2010
112	January 14-17, 2011	December 6, 2010	December 12, 2010	January 9, 2011
113	June 24-27, 2011	May 16, 2011	May 22, 2011	June 19, 2011
114	July 29-Aug 1, 2011	June 20, 2011	June 26, 2011	July 24, 2011

Personal Information

Name: _____ Date of Birth: _____ Age on weekend: _____

Permanent Address: _____ Apt.: _____

City: _____ State: _____ ZIP: _____

Current Address: _____ Apt.: _____

City: _____ State: _____ ZIP: _____

E-Mail Address (**please print very clearly**): _____

Primary Phone #: _____ Home Cell School Work

Secondary Phone #: _____ Home Cell School Work

School (if student): _____ Employment: _____

Church Parish: _____ Original TEC #: _____

Previous TEC / Youth Ministry Experience:

List the TEC numbers of each team you have previously served: R.T. : _____

C.T. : _____ W.T. : _____

List the TEC numbers of each team you applied for but we not selected to work: _____

Why do you want to work on this T.E.C. weekend? _____

What activities do you participate in at your school, church, or other organizations? _____

What qualities do you posses that make you a good team member? _____

Check all of the meditations you have given or roles you have served on TEC:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Growth & Ideals | <input type="checkbox"/> God Experience | <input type="checkbox"/> Paschal Mystery | <input type="checkbox"/> Metanoia |
| <input type="checkbox"/> Sat. Night Prayer | <input type="checkbox"/> Sunday Morn. Prayer | <input type="checkbox"/> God A Comm. Of Love | <input type="checkbox"/> Church People of God |
| <input type="checkbox"/> Christian Life | <input type="checkbox"/> Signs | <input type="checkbox"/> Peace | <input type="checkbox"/> Sunday Night Prayer |
| <input type="checkbox"/> Monday Morning Prayer | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Young Disciple | <input type="checkbox"/> Beyond TEC |
| <input type="checkbox"/> Name Game | <input type="checkbox"/> Saturday Games | <input type="checkbox"/> Sunday Games | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Musician | <input type="checkbox"/> Song Leader | <input type="checkbox"/> Bible Enthronements | |

For T.E.C. Leaders

Which leadership roles on this T.E.C. weekend might interest you?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Asst. Lay Director | <input type="checkbox"/> Asst. Spiritual Director | <input type="checkbox"/> C.T. Director | <input type="checkbox"/> W.T. Director |
| <input type="checkbox"/> Song Leader | <input type="checkbox"/> Musician – Instrument(s): _____ | | |

Why do you think you should be in a leadership role for this T.E.C. weekend? _____



ADULT LIABILITY WAIVER

In addition to the Medical Information and Consent form, each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns executors,
Full Name

and personal representatives, to hold harmless and defend the TEC Retreat Program, CYO/Youth & Young Adult Ministry Office, the Archdiocese of New Orleans, its officers, directors, agents, employees, or representatives associated with the activity listed below from any and all liability claims, loss or damage arising from or in connection with my participation in the activity listed below.

Type of event: Teens Encounter Christ Retreat

Destination of event: Magnificat Center of the Holy Spirit, Ponchatoula, Louisiana

Sponsoring Agency: CYO/Youth & Young Adult Ministry Office

Estimated time of departure and return: 7:00 PM Friday – 7:30 PM Monday

Event Dates: / / through / /

Mode of transportation to and from event: On your own

Signature

Date

Print Name

ADULT MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.

SECTION I. PERSONAL INFORMATION

Participant's name: _____

Birth date: _____ Gender: _____

Home address: _____
(Street) (City/State) (Zip)

Home phone: _____ Cellular phone: _____

Business phone: _____ Other: _____

SECTION II. MEDICAL MATTERS

I hereby authorize _____, or his/her assistants to carry out the
(Name of Adult Coordinator)

wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from _____, 200__ through _____, 200__.
(Date) (Date)

I hereby warrant that, to the best of my knowledge, I am in good health, and I assume all responsibility for my health care.

Signature: _____ Today's Date: _____

SECTION III. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

(Over)

SECTION IV: MEDICATIONS

I understand that I am responsible for taking my own medications and that such medications will be kept in well-labeled containers. Names of medications and concise directions for such medications, including dosage and frequency of dosage, are as follows:

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Signature: _____ Date: _____

SECTION V: MEDICAL INFORMATION

The parish/group coordinator will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Do you have a medically prescribed diet? _____

Any physical limitations? _____

Are you subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition: _____

I have the following special medical condition that you should be aware of: _____
