



ARCHDIOCESE OF
NEW ORLEANS

CYO/Youth &
Young Adult Ministry



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

APPLICATION FOR TEAM ON TEC # _____

IMPORTANT!!! READ ALL OF THE FOLLOWING:

1. This is a selection process, meaning that applying for team does not assume acceptance. The Selection Team selects TEC retreat teams at least 6-7 weeks before the TEC retreat. 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 TEC retreat by the Thursday before the Focus Meeting. The Selection Team will notify anyone not selected for the team.
2. This application is good for THIS TEC ONLY. Please reapply if you wish to work another retreat.
3. Required Meetings:
 - a. Focus meeting (usually 5-6 weeks prior to the retreat) **SEE DATES BELOW**
 - b. Potluck meeting (usually 1 week prior to the TEC retreat)
 - c. Other meetings as necessary for each team (usually 2-3 meetings per team)
Focus and Potluck meetings can be scheduled at any time on the dates below. Please hold the entire day open on your calendar. If you have an issue with this requirement, please note it on your application.
4. You must be able to arrive at the Rosaryville Spirit Life Center for the TEC weekend on Friday evening at 6:00 pm and stay through Monday evening until 7:30 pm.
5. Team fee of \$70 is to be paid no later than the Pot Luck meeting. Scholarships are available; send a request to tecneworleans@arch-no.org or note on this application. **Make checks payable to “New Orleans TEC.”**
6. Alcohol, drugs, and under-aged smoking are not allowed on the TEC retreat.
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 TEC process and retreat, please reconsider submitting an application at this time.
8. Please be aware that unless you opt out, in writing, you will receive both e-mail and text message announcements from TEC New Orleans and the CYO/Youth & Young Adult Ministry Office of the Archdiocese of New Orleans about relevant ministry events and activities.

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

Signature: _____

To complete this form, you may write in your information and then scan and e-mail to tecneworleans@arch-no.org, fax to 504-836-0552, or mail to the address below. You may also type your information into the various fields and save as “TEC App - YourName” and then e-mail as an attachment to tecneworleans@arch-no.org

TEC Retreats CYO/Youth & Young Adult Ministry Office 2241 Mendez Street, New Orleans, LA 70122.

CURRENT RETREAT DATES:

TEC #	Retreat Dates	Applications Due	Focus Meeting	Potluck Meeting

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 TEC 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:

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

For TEC Leaders

Which leadership roles on this TEC weekend might interest you?

- Asst. Lay Director Asst. Spiritual Director C.T. Director W.T. Director
- Song Leader Musician – Instrument(s)

Why do you think you should be in a leadership role for this TEC 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, 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: **Rosaryville Spirit Life Center, Ponchatoula, Louisiana**

Sponsoring Agency: **CYO/Youth & Young Adult Ministry Office**

Estimated time of departure and return: **5:00 PM Friday – 8:00 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 wishes I named
(Name of Adult Coordinator)
(herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from
_____/_____/_____ **through** ____/____/_____.

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: _____



AUTHORIZATION FOR USE OF NAME, PHOTOGRAPH AND/OR LIKENES AND/OR INFORMATION AND
RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS

For valuable consideration acknowledged and the sum of \$1.00 paid as part of the team/retreatant fee, I, _____, hereby authorize The Roman Catholic Church of the Archdiocese of New Orleans as operator of the Catholic Youth Organization (hereinafter "CYO") and Teens Encounter Christ (TEC) Retreat program (hereinafter "TEC"), to use my name, photograph and/or likeness, and information about me in any advertisements and/or publicity in newspapers, church and school bulletins, and/or literature and/or on the CYO and/or TEC website and/or in any televised or video media, including but not limited to the any videos on the internet posted by CYO and/or TEC, as determined in the sole discretion of CYO and/or TEC.

I agree to defend, indemnify and hold harmless The Roman Catholic Church of the Archdiocese of New Orleans as operator of the Catholic Youth Organization and the Teens Encounter Christ (TEC) Retreat program, their members, directors, officers, pastor(s), principal(s), teachers, employees, agents and assigns (hereinafter, collectively, "Releases") from any liability or damages of any kind or type (including but not limited to mental, physical, emotional or economic damages) which may arise from the authorized use set forth above, including but not limited to any claims or causes of action arising in negligence or intentional fault, including but not limited to any claims or causes of action of defamation or invasion of privacy.

Signature of person in image (at least 18 years of age)

Date



Employee/Volunteer Notification and Authorization

This is used to inform you that a background report is being obtained through **JSR Vetting Solutions, LLC** for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources. The result of the background investigation is intended for and will only be used by the responsible persons in the Archdiocese of New Orleans or the appropriate Archdiocesan entity.

To Whom It May Concern:

I understand that a background report as described above will be obtained. All law enforcement agencies, State Police and courts are authorized to release all written information about me. I give permission for a criminal background check to be conducted on me and hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information.

I have been given a copy of this form.

Name (Print): _____

Signature: _____

Current address: _____

Date of Birth (for identification purposes only): _____

Social Security Number: _____

If name changed (through marriage or otherwise) print former name here:

*This form is to be completed prior to any background check. The policy of the Archdiocese of New Orleans is that all employees, volunteers, contract personnel must complete background screening prior to working with minors and every three years thereafter. This holds true for anyone having regular contact with minors and anyone accompanying a parish, school, organization of the Archdiocese of New Orleans, or its related entities.