

AGAPE' TEC TEAM APPLICATION FORM

Mail to:

Agape' TEC
PO Box 275
Rib Lake WI 54470-0275

All other correspondence to:

Agape' TEC Coordinator
PO Box 575
Luck WI 54853-0575
715-472-2799

TEAM Applications are DUE a minimum of 6 (six) weeks before a TEC.

Please enclose your \$30 Team Fee with this application. Refunds will not be given to team members unless he/she calls the TEC Coordinator or your TEC Weekend Leadership one week prior to the TEC weekend. (Exceptions will be made for uncontrollable circumstances such as illness, death in the family, etc.)

Please Print Clearly

Application for Agape' TEC # _____ Dates: _____

Name: _____ Phone # (____) _____

Address: _____ Birthdate: ____/____/____

Town: _____ State: _____ Zip: _____ - _____

Email Address: _____ I would like to receive TEC email.

Faith Denomination: _____ My first TEC #: _____

____ I am 18 or older ____ I have ____ I have not submitted information for a Background Check.
____ I have ____ I have not received Safe & Sacred Places Training.

As a Catholic organization (retreat) with our unique traditions and customs, it is TEC's policy to place non-Catholics in roles which do not involve direct leadership and faith sharing. We are delighted to have non-Catholics apply to serve as Wheaties, Cooks, Gophers, Musicians, or Stereo Operators. EVERY TEAM POSITION IS VITAL to the TEC Weekend. Each person's willingness to serve is a demonstration of Christ's love and care for the Tecites. THANK YOU for your understanding and cooperation in this regard.

Parish: _____ TEC's I've served on: _____

Team Positions Previously Held: _____

Please remember that you are applying for the Weekend; the Position you are requesting cannot be guaranteed. To serve is the most important factor.

Please prioritize the Team Positions in order of preference (1, 2, or 3 etc.)

I am applying to serve as: ____ Adult Team ____ Resource ____ Gopher ____ Musician
____ Stereo Operator ____ Sacristan ____ Cook ____ Wheatie ____ Director

I would / would not like to give the _____ meditation.

I would like to serve on TEC # _____ because:

(Over Please➔)

****THIS INFORMATION NEEDS TO BE FILLED IN BY ALL APPLICANTS** Thank You!**

Please list / specify any personal medical needs you feel we should be aware of:

Are you currently under a Doctor's care? ___ Yes ___ No

If yes, Dr's Name: _____ Phone (____) _____

Dietary Needs/Preference: _____

Allergies: _____

Medications: _____

Timing or other requirements of medication: _____

Other:

**Insurance Co. Name: _____

Policy/Group Number: _____

(A Parent / Guardian signature is required for those who are under 18 years of age.) If for some reason your son or daughter leaves the retreat, it will be assumed by the Leadership Personnel, that he/she is on the way home, and you will be notified. In this event, you agree to release Agape' TEC from holding any further responsibility.

(Parent / Guardian Signature)

Date

Furthermore, in case of illness or injury, I authorize the Weekend Leadership Personnel to obtain whatever medical assistance is needed. I understand that every effort will be made to contact me as soon as possible.

Home Phone: (____) _____ Work Phone (____) _____

(Parent / Guardian Signature)