

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 \$20 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:

**\*\*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)