

**APPLICATION FOR "SERVING" ON ANCHOR OF HOPE TEC**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

_____	October 25-27, 2019
_____	January 3-5, 2020
_____	March 20-22, 2020
_____	Check your preference

Facebook? Y N

**\*\* IF OVER 18 YEARS OLD, HAVE YOU HAD VIRTUS TRAINING (MUST BE THROUGH THE GREEN BAY DIOCESE)?** Y N

T.E.C./KOINONIA YOU MADE: \_\_\_\_\_ LAST TWO WORKED (ANYWHERE): \_\_\_\_\_ / \_\_\_\_\_

POSITION ON LAST T.E.C.: \_\_\_\_\_ OTHER POSITIONS WORKED: \_\_\_\_\_

**PLEASE CHECK THE POSITION APPLYING FOR 1<sup>ST</sup>, 2<sup>ND</sup>, AND 3<sup>RD</sup> CHOICES:**

	MAIN	WHEAT		MAIN	WHEAT
DIRECTOR	_____	_____	MUSICIAN	_____	_____
ASSISTANT DIRECTOR	_____	_____	GOPHER	_____	N/A
SPIRITUAL DIRECTOR	_____	_____	RESOURCE	_____	N/A
ASSISTANT SPIRIT DIR	_____	_____	COOK	N/A	_____
TEAM	_____	_____			
I AM WILLING TO GIVE A TALK (if on main team): YES NO					



To work on a T.E.C. team you must be a **practicing Catholic** (attend Mass and receive the sacraments). By signing this form below, you are stating that you are a practicing Catholic.

Parish attending (Name / City) \_\_\_\_\_

**Which days do you prefer for team meetings?** Weekday evenings / Saturday / Sunday (circle all that are OK)

**In addition to filling out the application, please complete the following statements.**

Please explain your participation in the life of your local parish, including ministry/service involvement:

What do you value about belonging to the Catholic Church?

Describe strengths you possess in relating with others:

What do you see as the primary purpose of T.E.C. and why do you desire to be on team?

**Videotaping and Still Photographs**

Video and photographs may be taken during this event. This authorization form constitutes permission for my participation in the video recording and/or still photographs, which may only be used for future promotional efforts of TEC and/or the Diocese of Green Bay websites. ***I understand and authorize permission for video and photographs.***

\_\_\_\_\_  
Signature, **parent or guardian (under 18)**

\_\_\_\_\_  
Signature, **(only if 18 and over)**

\_\_\_\_\_  
Date

## MEDICAL INSURANCE INFORMATION

Name on policy: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

**In case of Emergency, contact:**

\_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

## HEALTH INFORMATION

**TEC personnel will take reasonable care to see that the following information regarding the worker will be held in confidence.**

Does the applicant have any allergic reactions (medications, foods, plants, insects, etc.)?

\_\_\_\_\_

Does the worker have a medically prescribed diet? \_\_\_\_\_ If Yes, please describe:

\_\_\_\_\_

Does the worker have any physical limitations? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

Should TEC personnel be aware of these special medical conditions of the worker?

\_\_\_\_\_

**This box is for workers under 18.** I grant permission for the administration of first aid to my child,

\_\_\_\_\_ by the people in charge of the TEC as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

\_\_\_\_\_  
Signature of **parent/guardian**:

Date: \_\_\_\_\_

**This box is for workers 18 and over.** I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health.

\_\_\_\_\_  
Signature of worker (**18 and over**)

Date: \_\_\_\_\_

**IMPORTANT: It is necessary that you be able to be present for the entire T.E.C. Also, it is very important that you make 2 out of 3 meetings before the T.E.C. Please consider this before signing up, thank you.**

**\*\* VIRTUS & background checks are required before the T.E.C. weekend begins (no cost to you). We will supply you with the needed information for this. Training dates can be found at: <http://www.gbdioc.org/>. Look on left side for "VIRTUS Workshop Dates". Contact Kevin Smits with questions: 920-445-6121 / [tecgreenbay@gmail.com](mailto:tecgreenbay@gmail.com)**

Please send both pages of this application to TEC, PO Box 5715, De Pere WI 54115-5715