

## APPLICATIONS TO WORK PATHWAYS TEC

### APPLICANT INFORMATION

Name:		Today's Date:
Date of Birth:	Age:	Phone:
Current Address:		
School:		
Parish:		Religion Denomination
First TEC:	Last TEC:	Email:
TEC team position (s) you have served:		
Please explain your participation in the life of your local parish/church, including attendance, ministry/service, etc.:		

### HEALTH INFORMATION

Please list any special needs (diet, medical, allergies, etc):

Doctors Name:	Clinic:	Phone:
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**For Parents (of those applying who are under age 18) I give my permission for my child to take part in Pathways TEC as a volunteer. Recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation, and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Winona, its parishes and schools, the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from this activity. Neither the Diocese of Winona nor any church, nor any of the said persons shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.**

PARENT/GUARDIAN SIGNATURE	DATE
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\*if submitting electronically, please type name and you'll be asked to submit a signature by mail or in person

### TEAM POSITION

Please mark below with numbers your first, second, and third choices for positions to work TEC:

Conference Room Team	Wheat Team
<input type="checkbox"/> Lay Director	<input type="checkbox"/> Lay Director
<input type="checkbox"/> Assistant Lay Director	<input type="checkbox"/> Assistant Lay Director
<input type="checkbox"/> Resource	<input type="checkbox"/> Spiritual Director
<input type="checkbox"/> Musician	<input type="checkbox"/> Assistant Spiritual Director
<input type="checkbox"/> Gopher	<input type="checkbox"/> Team Member
<input type="checkbox"/> Assistant Spiritual Director	<input type="checkbox"/> Cook
<input type="checkbox"/> Audio Technician	<input type="checkbox"/> I will be wheatting for:

If you are interested in giving a talk, please indicate which ones:

Reunion	
<input type="checkbox"/> Director	<input type="checkbox"/> Registration
<input type="checkbox"/> Musician	<input type="checkbox"/> Peace Talk
<input type="checkbox"/> Where needed	

Please explain why you are interested in working this Pathways TEC:

Important! Working the team requires attendance at one pre-TEC meeting, completion of VIRTUS training and attendance on team night (the night prior to the weekend). If you are over 18 years old, you will need to sign consent for a background check. The background consent form must be returned to the Diocese of Winona prior to your team meeting. It is important for the success of the TEC weekend that you choose this responsibility carefully and prayerfully. Please apply at least five weeks prior to the TEC you hope to work. Thank you and may God continue to fill your life with love and peace. Please enclose a \$30 donation to cover the cost of food and supplies for the weekend:

*Pathways TEC, c/o Monica Anderson, 5480 SE 158th St, Blooming Prairie, MN 55917*