

STAFF APPLICATION + FOR HAPPENING # _____

Date Received by Happening: _____

NAME _____ BIRTH DATE _____
LAST FIRST MO/DAY/YEAR

ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE _____ OWN PHONE _____
WORK PHONE FOR ADULTS

CHURCH _____ HIGH SCHOOL GRADUATION YEAR _____
NAME, CITY

E-MAIL ADDRESS (please print carefully) _____

HAPPENING YOU ATTENDED _____ HAPPENING(S) YOU SERVED _____

JUMP START(S) YOU ATTENDED _____ JUMP START(S) YOU SERVED _____

1. PLEASE LIST PARISH, SCHOOL AND OTHER ACTIVITIES IN WHICH YOU PARTICIPATE.
(ACOLYTES, EYC, SPORTS, CAMP, ETC.) _____

2. WHAT GIFTS / TALENTS WILL YOU SHARE WITH THE HAPPENING COMMUNITY? (GUITAR,
DRAMA, VISUAL ARTS, ETC.) _____

3. PLEASE TELL THE STEERING COMMITTEE WHY YOU WOULD LIKE TO SERVE ON A
HAPPENING STAFF. _____

4. YOUR CONTINUED PARTICIPATION IN HAPPENING ACTIVITIES AFTER YOUR HAPPENING
IS IMPORTANT. PLEASE LIST THOSE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED, SUCH
AS LOCK-INS, CLOSINGS, REUNIONS, OR OTHER HAPPENING ACTIVITIES. HOW MANY
HAPPENINGS HAVE YOU SUPPORTED WITH GENERAL
CARITAS? _____

APPLICANT'S NAME _____ FOR HAPPENING # _____
I RECOMMEND THAT THIS APPLICANT BE CONSIDERED TO SERVE ON THIS HAPPENING
STAFF. (S)HE PARTICIPATES FAITHFULLY IN THE LIFE OF THIS CONGREGATION, ATTENDS
WORSHIP SERVICES REGULARLY AND...

SIGNATURE OF CLERGY / YOUTH LEADER _____

I UNDERSTAND THAT:

(1) EACH STAFF MEMBER IS REQUIRED TO ATTEND ALL TRAINING SESSIONS. MISSING ANY
PART OF TRAINING MAY RESTRICT SERVICE ON STAFF. STAFF MEMBERS ARE
RESPONSIBLE FOR SUBMITTING REQUIRED FORMS AND FEES PRIOR TO THE WEEKEND.

(2) INDIVIDUALS ARE RESPONSIBLE FOR ARRANGING THEIR OWN TRANSPORTATION AND
ABSENCES FROM SCHOOL, WORK OR OTHER OBLIGATIONS, WELL IN ADVANCE.

(3) TEAM MEMBERS ARE EXPECTED TO PARTICIPATE IN CLEAN-UP AFTER THE CLOSING.

I GIVE PERMISSION FOR MEDICAL TREATMENT FOR MY CHILD NAMED ABOVE WHILE
HE/SHE IS PARTICIPATING IN THIS EVENT.

SIGNATURE OF PARENT _____

Parent name _____

Work phone _____ Other phone _____

Alternate Emergency contact if parent is unavailable _____

Relationship & phone _____

Insurance company _____

Group/Policy number _____

Please list dietary restrictions, known allergies, and medications that are taken regularly (and indicate which)

I AGREE TO PARTICIPATE AS FULLY AS I CAN AND TO FOLLOW THE RULES OF THE EVENT.
I UNDERSTAND THAT IF I DON'T MY PARENTS WILL BE NOTIFIED AND I MAY BE SENT HOME.

SIGNATURE OF APPLICANT _____

PLEASE MAIL APPLICATION TO HAPPENING REGISTRAR:

CeCe Allen Dubuisson

18 Higdon Court

Ft. Walton Beach, FL 32547

CeCeEDCGC@aol.com

850-863-1414

Fax: 850-863-4408 (mail original)

HAPPENING COORDINATOR: