

What are some of your talents, interests and abilities that you enjoy? _____

What experience have you had with high school students? _____

What has been your previous contact or involvement with T.E.C.? _____

Why would you like to work with T.E.C.? _____

What do you feel are your greatest strengths that would benefit a T.E.C. weekend? _____

Weaknesses? _____

REFERENCES: Please list three references (non-relatives), one of which is your pastor that we may contact for information about your character and ability to serve as a T.E.C. volunteer

Name: _____ Relationship: _____

Address: _____ City, St: _____ Zip: _____

Phone: _____ Known how long: _____

Name: _____ Relationship: _____

Address: _____ City, St: _____ Zip: _____

Phone: _____ Known how long: _____

Name: _____ Relationship: _____

Address: _____ City, St: _____ Zip: _____

Phone: _____ Known how long: _____

Have you ever been convicted or plead guilty of a felony? Yes No

If yes explain: _____

I BELIEVE IN THE FATHER, SON & HOLY SPRIT AND I AM A CHRISTIAN.

Signature: _____

Date: _____