



SIouxLAND
INTERDENOMINATIONAL
TEENS
ENCOUNTER
CHRIST

ADULT TEAM Application

Name: _____ DOB _____ (circle) M F

Address: _____ City, State & Zip: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____ E-mail: _____

Special Diet? _____ T-Shirt Size: S M L XL 2X 3X

Church name: _____

Address: _____ City, State & Zip: _____

YOUR T.E.C. EXPERIENCE:

Which of the following teams have you worked? (Write # of times and approx. TEC #)

Adult Table Leader: _____ Music Team: _____ Kitchen Team: _____ AC _____

Support Team: _____ Wheat Team: _____ SD _____

Adult Positions Available: (Please Prioritize your choice)

___ Adult Table Leader: (8 Positions) involves small group facilitating, sharing, listening & caring.

___ Kitchen Team: (3 Positions) involves directing youth in preparation of meals.

___ Support Team: (3 Positions) involves directing youth in set-up, organization, clean-up, etc.

___ Wheat Team: (3 Positions) involves directing youth in prayer throughout the weekend.

___ Music Team: (up to 4 Positions) involves leading youth singing throughout the weekend. Must be familiar with Christian youth music (high energy & mellow). Also involves leading youth in music during Team Meetings. If music is a choice list instruments: _____

There will be four team meetings prior to the weekend (held on Sunday afternoons). The first leadership meeting is mandatory. Team members must be present for the entire T.E.C. weekend, Thursday set-up through Sunday clean-up, and the Reunion which is held on Sunday afternoon two weeks after the weekend.

Participant's Signature: _____ Date: _____

The cost of the weekend is \$30. A check should be made out to Siouxland T.E.C.

(If this fee is a financial burden, please request a scholarship.)

Send Application and Payment to: Ligeia Pennington (Phone: 712-204-5261)

411 3rd Ave. #5 - Coralville, IA 52241

• Team acceptance letters will be mailed approximately 7 weeks prior to training.

If this is your first experience working a T.E.C., please fill out the back section.

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 SPIRIT AND I AM A CHRISTIAN.

Signature: _____

Date: _____