

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:		
	City, State & Zip:	
YOUR T.E.C. EXPERIENC	<u>CE:</u>	
Which of the following tear	ns have you worked? (Write # of times and appro	ox. TEC #)
Adult Table Leader:	Music Team: Kitchen Team:	AC
Adult Positions Available: (PAdult Table Leader: (8 FKitchen Team: (3 PositionSupport Team: (3 PositionWheat Team: (3 Position	Positions) involves small group facilitating, sharing ons) involves directing youth in preparation of mons) involves directing youth in set-up, organizations) involves directing youth in prayer throughout	eals. on, clean-up, etc. the weekend.
be familiar with Christian yo	ositions) involves leading youth singing throughouth music (high energy & mellow). Also involves s. If music is a choice list instruments:	s leading youth in
ing is mandatory. Team member	gs prior to the weekend (held on Sunday afternoons). The smust be present for the entire T.E.C. weekend, Thursda is held on Sunday afternoon two weeks after the weeken	ay set-up through Sunday
Participant's Signature:	Date:	
The cost of the wee (If this fe	kend is \$30. A check should be made out to Siou e is a financial burden, please request a scholarship.) yment to: Mike Diede 2401 Walnut Yankton, S	ixland T.E.C.

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

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

email: diede@iw.net Phone: 1-605-664-1388

What are some of your talent	s, interests and abilities that you enjoy?	
What experience have you ha	d 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 gre	eatest strengths that would benefit a T.E.C. weekend	1?
Weaknesses?		
	t three references (non-relatives), one of which is your aracter and ability to serve as a T.E.C. volunteer	our pastor that we may contact
Name:	Relationship:	
	City, St:	
	Known how long:	_
	Relationship:	
Address:	City, St:	Zip:
Phone:	Known how long:	
Name:	Relationship:	
Address:	City, St:	Zip:
Phone:	Known how long:	
If yes explain:	icted or plead guilty of a felony? Yes No	
I BELIEVE IN THE FA	THER, SON & HOLY SPIRIT AND I AN	I A CHRISTIAN.
Date:		