



SIouxLAND  
INTERDENOMINATIONAL  
TEENS  
ENCOUNTER  
CHRIST

## YOUTH TEAM Application

Name: \_\_\_\_\_ DOB \_\_\_\_\_ (circle) M F

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Special Diet? \_\_\_\_\_ T-Shirt Size S M L XL 2X 3X

Parents Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

Church name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_ Pastor: \_\_\_\_\_

\_\_\_\_\_ Youth Leader: \_\_\_\_\_ YOUR T.E.C.

### EXPERIENCE:

Which T.E.C. were you a candidate? \_\_\_\_\_

Which of the following teams have you worked? (Write # of times)

Silent Table Leader: \_\_\_\_\_ Music Team: \_\_\_\_\_ Kitchen Team: \_\_\_\_\_

Support Team: \_\_\_\_\_ Wheat Team: \_\_\_\_\_ Team R/R: \_\_\_\_\_

List talk # if you were ever a presenter: \_\_\_\_\_

### INFORMATION ABOUT YOUR TEAM AND TALK PREFERENCES:

Prioritize the teams you would like to work:

Silent Table Leader: \_\_\_\_\_ Kitchen Team: \_\_\_\_\_ Photographer: \_\_\_\_\_

Support Team: \_\_\_\_\_ Wheat Team: \_\_\_\_\_ Music Team: \_\_\_\_\_

If Music Team, list instruments: \_\_\_\_\_

Is God leading you to present any of the following talks? (If so, include your talk outline with this application.)

\_\_\_\_\_ Talk #1: Who am I? \_\_\_\_\_ Talk #2: Who am I in Relationship to God?

\_\_\_\_\_ Talk # 3: God is Love \_\_\_\_\_ Talk #6: Need for Community

\_\_\_\_\_ Talk # 7 What would Jesus Do? \_\_\_\_\_ Talk #8: Christians Called to Action

**MEDICAL RELEASE FORM:**

In the event of a medical emergency, I hereby give permission to the physician selected by the T.E.C. leadership to secure proper treatment for the child attending. I certify that no guarantee or assurance has been made as to the results that may be obtained.

I give T.E.C. Adult Leadership permission to administer the recommended minor dosage of over-the-counter medication and/or apply first aid as needed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

List allergies, medications, and special medical conditions. \_\_\_\_\_

**Details that require signatures:**

Smoking, drinking and the use of other illegal drugs will not be tolerated at any time during the weekend

Team members are expected to be present for at least 2 of the 3 team meetings prior to the weekend, the entire T.E.C. weekend which is Friday morning through Sunday evening & the Reunion 2 weeks later.

I recognize that churches and denominations have varied views on who may partake of communion. I understand that communion will be served at the T.E.C. weekend and give permission for my child to decide whether or not to partake.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In this space please describe your relationship with Jesus and why you wish to work the weekend:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**T.E.C. WEEKENDS AND THE MEETINGS THAT PROCEED AND FOLLOW ARE TIMES WHEN WE OFFER TOTAL**

**DEDICATION TO THE WORK OF THE LORD.** By applying to work this TEC weekend I wish to selflessly serve the Lord and not attempt to balance that precious time with my personal needs. Out of love and respect for those friends on the waiting list who also wish to offer their faithful service, I agree that only a personal or family emergency would prevent me from attending all of the hours and dates as described in my application, a personal or family emergency being a life threatening illness or death in the family. Missing school or social activities does not meet the definition. My commitment to the Lord's work, in the service of the candidates He has chosen to attend the weekend, means that I will not ask for an exception to these scheduled hours. If there is a potential conflict with meeting my personal needs, I will not apply until such time as I am comfortable that I can dedicate that time to the Lord's work.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The cost of the weekend is \$50. 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: Mike Diede 2401 Walnut Yankton, SD 57078  
email: diede@iw.net Phone: 1-605-664-1388