



Episcopal Diocese of Texas Happening Staff Application



Guidelines & Information Sheet

Thank you for taking time to fill out this application and considering the position of Staff. Before you begin, take a moment to pray and ask God to take you through this process. Try to let go of what you want and try to be open to what God wants. Recognize that God has a place for you to minister whether as support through prayer or in action through staffing or attending Lock-In(*).

(*) As you remember from your Happening – the Lock-In is a vital part of the weekend. On the application form, you can check the box that will send your application to Lock-In should you not be called to staff the Happening.

Make sure that you have the following items included:

- **Completed Application** – (please use black ink) make sure that you complete the entire application.
- **Picture** – please attach a recent picture of yourself to the top left corner of the application.

Please mail the completed application by the deadline to:

**Happening Lay Director
C/O Shelly Linderman
1527 Pacific Grove Lane
Katy, Texas 77494**

It is not the Rector and Big's intent to choose those people that write the best, look the best or that are known the best. It is their intent to truly pray and to listen to God while choosing the staff. Please pray for them as they will be reading your application and discerning God's will.

Should you have any questions concerning this process you may call Shelly at (832) 671-0208.

IF SELECTED TO STAFF:

There will be a **mandatory staff meeting** – date and time to be advised. Note that they are normally within two (2) weeks prior to the Happening weekend.

Items DUE at the staff meeting:

- **Staff Weekend Fee** - \$55 payable to **Happening** (checks will not be deposited until after the Happening weekend) (Fee waived for Head Cook only)
- **Staff Meeting & T-Shirt Fee** – please bring a separate check or cash (typically about \$10 - \$12) that will be paid to the Rector or Big – details will be given when your application is accepted.



Episcopal Diocese of Texas Happening Staff Application



Name: _____ M or F What you go by: _____

Address: _____ City: _____ State: ____ Zip: _____

H) Phone: _____ Cell: _____ Parent/Guardian Cell: _____

Home Church: _____ City: _____ Phone: _____

Age: ____ Birth Date: ____/____/____ Grade: ____ Vegetarian Food Allergy _____

Email: _____ Parent Email: _____

Attended: Happening # _____ Lock-In #(s) _____ Staffed #(s) _____

Positions Held: Family Guide Gofer Silent Servant Cook Other _____

T-Shirt Size: Small Medium Large XL XXL

- | | |
|--|---|
| <input type="checkbox"/> #128 August 28-30, 2009 (deadline July 1 st) | <input type="checkbox"/> #130 January 22-24, 2010 (deadline Dec 1 st) |
| <input type="checkbox"/> #129 November 20-22, 2009 (deadline October 1 st) | <input type="checkbox"/> #131 April 23-25, 2010 (deadline March 1 st) |

I would like to also be registered for Lock-In should this not be my weekend to staff.

- **On the Back** – describe why you want to be on staff for this Happening and where you are in your relationship with God and Jesus Christ as well as anything else you want us to know.
- **Attach a picture** of yourself to the top of the left hand corner of this application.

I/my child, _____, has my permission to attend and to participate in Happening, to be held at Camp Allen in Navasota, TX sponsored by the Episcopal Diocese of Texas. I represent that my child/self is healthy and capable of participation in said event without causing risk of danger, illness or accident to him/her/myself, or to others. I agree to hold harmless the leaders of my church, leaders of other churches involved, the event coordinators, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. Please list all allergies, medical problems, medications currently being taken by participant, or any other pertinent information below. Please notify the Event Coordinator or Nurse if this participant has been exposed to any communicable disease 3 weeks prior to this event. In addition to the medical considerations mentioned above I hereby grant permission for the Happening Steering Committee to use the candid photos of my child or myself taken as part of the Happening experience in promotion of future Happenings and on the Happening Texas Internet site. I declare that my child/self is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child/self whether covered under insurance or not. **(NOTE: The Sponsors of this event DO NOT provide insurance in case of injury or illness.)** ****IMPORTANT - ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD****

PARENT/GUARDIAN SIGNATURE _____ Relationship to Participant _____ Date _____

Health Carrier/Policy#/Group # _____

Health Carrier Address & Phone #: _____

Allergies/Reaction/Treatment _____

Medical Conditions/Medicines currently taking: _____

(NOTE: Prescribed Medicines must be in original pharmacy container with correct name, date, instructions, and physician's name on label)

Any over-the-counter medications that the participant MAY NOT receive from adult sponsor (i.e. Tylenol, Advil, Kaopectate, etc) ___ No
If YES, Please List _____

Emergency Contact and Phone # _____