



Student Worker Application for TEC #74

October 25 - October 28, 2018

application deadline: Sept 22, 2018 • 7:00 PM

Calvary CRC
3500 Byron Center Ave SW
Wyoming, MI 49519
(616) 534-0934

OFFICE USE ONLY

Ck # _____

Cash _____

☐ Do NOT list my contact information on the TEC worker list.

Please complete this application by printing neatly and use black ink, **not** pencil.
Mail applications to: TEC of West Michigan • PO Box 135, Moline, MI 49335, Bryan - 616-889-6341.
You will be notified by Facebook & e-mail if you make the team (**include e-mail address below**).*

Name _____ ☐ Contact Info Change

Address _____

City/State/Zip _____

Birthdate ____/____/____ Phone # _____
month/day/year

e-mail address* _____

T-shirt size ☐ S ☐ M ☐ L ☐ XL ☐ XXL Gender: ☐ M ☐ F

School _____ Graduation Year _____

Church _____

Pastor or Youth Pastor _____

Church Phone/E-mail _____

TECs — attended as candidate at TEC # _____
Applied, but could not work TEC #73 – ☐ Yes ☐ No
TECs worked _____
TEC teams worked _____

Student Positions (*number in order of preference*)

____ Student Table Leader

____ Wheat Team

____ Kitchen Team

____ Support Team

____ Music Team • List any instruments you are able to play.

O P T I O N A L **Youth Speaker:** Does your life fit into one of these talks? How does your life relate to this topic? If you would like to give a talk at TEC, place a check next to your choice. If you are chosen to give a talk, a short outline is available to assist you. **Please include a short summary of what your talk would be about.**

____ Talk #1 • Who Am I?

____ Talk #2 • Who Am I in Relationship to God?

____ Talk #3 • God is Love

____ Talk #6 • The Need for Community

____ Talk #7 • What Would Jesus Do?

____ Talk #8 • Christians Called to Action

Describe your relationship with Jesus Christ _____

What is your reason for wanting to serve at this TEC? _____

Adult Reference: (other than parent): _____
Name Phone#

Details to know about the weekend:

(Scholarships not available; see note on back of application.)

- \$50 must accompany this application in order to be considered for a working position.* (Write to TEC of West Michigan.)
- To work, you must attend two of the three team meetings prior to the weekend. Team meetings will be at the host church on the following Sundays, Oct 7, 14 & 21 from 1–4 PM, prior to the weekend.
- Smoking, drinking, and the use of other illegal drugs will not be tolerated at any time during the weekend.
- Criminal background checks will be made through Michigan iChat for workers age 18 or older for insurance purposes.
- Team members must be present for the entire TEC weekend (Thursday set-up through Sunday clean-up) and the TEC reunion which is November 11, 2018 from 1–3 PM the host church.
- **Cancellation Policy:** Cancellation received more than one week before TEC, full refund; cancellation between two days and one week before TEC, half refund; cancellation less than two days before TEC, no refund. However, you may receive a voucher to be used at a future TEC for any money not refunded.
- Photos taken during the weekend may be used in printed or on-line TEC promotions, unless you make a special request that photos of you not be used (group photos will be on-line).

I attest and affirm that all of the information that I have provided is absolutely true and correct. I agree to abide by all policies and procedures of TEC of West Michigan.

Student Signature _____

Printed Name _____

Date _____

TEC Student Worker Application/Parent or Guardian Section

Father's Name _____
Address _____
City/State/Zip _____
Phone # _____
Work/Cell Phone # _____

Mother's Name _____
Address _____
City/State/Zip _____
Phone # _____
Work/Cell Phone # _____

Emergency Contact Person:

Name _____ Phone # _____

MEDICAL RELEASE FORM

In the event of a medical emergency, I hereby give permission to the physician selected by the TEC leadership to secure proper treatment for my child as named below. I certify that no insurance guarantee has been made as to the results that may be obtained. I further release West Michigan TEC from liability for any physical injury that my child might incur in conjunction with the TEC weekend.

I, _____, the (select one) ☐ Father ☐ Mother ☐ Guardian
(parent/guardian name)

of _____ hereby authorize TEC of West Michigan to seek any emergency medical
(student name)
treatment needed for my child.

Insurance Company Name _____

Policy Number _____

Amount of Co-pay _____

Please list any special medical needs, allergies, or dietary needs your child has, or if your child is a vegetarian.

MEDICATIONS USED/SPECIAL NEEDS/RESTRICTIONS: _____

ALLERGIES: _____

DIETARY NEEDS: _____

Parent Signature _____ Date _____

***PLEASE NOTE:** *There are no scholarships available for student workers; if you can't afford the \$50 cost, you must find your own sponsor. (Make checks payable to TEC of West Michigan.)*

Mail applications to: TEC of West Michigan • PO Box 135, Moline, MI 49335, Bryan - 616-889-6341 • Due Date: Sept 22, 2018

Thank you for your support of West Michigan Teens Encounter Christ.

This application may be reproduced.