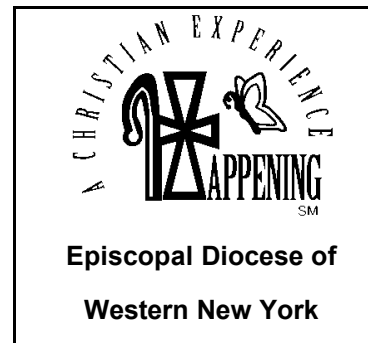


Happening Weekend # 25

November 13-15, 2009

at Camp Pioneer, Angola, NY

ADULT CANDIDATE APPLICATION



REGISTRATION DEADLINE: *August 29, 2009* Space is limited.

COST: The cost is **\$100**. We suggest, as necessary, that the individual request support from their congregation. Scholarship help, based on need, is also available.

DEPOSIT: A non-refundable deposit of **\$25** must accompany this application. If you are unable to attend, this fee will apply to the next Happening weekend.

SCHEDULE: Please note, the Weekend runs from 5:00 PM Friday until 5:00 PM Sunday.

Instructions: There are three (3) parts to this application.

1. Your Personal Data, page 1 & 2.
2. Your Medical Form, page 3.
3. Pastor's Recommendation Form, page 4, which he / she must send in.
Note: Clergy must have the Bishop's recommendation.

It is essential that all blanks are filled in carefully and accurately.
No action will be taken until all completed parts have been received.

Make checks payable to: *Happening of WNY*

Submit the first two (2) parts to:

Happening c/o Donna Phillippi, 7 Pratt Street, Mayville NY 14757

Personal Data:

Name: _____ Nickname: _____

Address: _____

City / State / Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

E-mail Address: _____

Gender: F M Date of birth: _____ Age: _____

Congregation : _____

Congregation Address: _____

City / State / Zip: _____

Name of Pastor: _____

How often do you attend church ? _____

How are you involved in your home congregation ? _____

For Office Use Only:

Date Application Received: ____ / ____ / ____ Medical Release & Permission: ____ / ____ / ____

Pastor's Recommendation: ____ / ____ / ____

Deposit: \$ _____ / ____ / ____ 2nd Payment: \$ _____ / ____ / ____

3rd Payment: \$ _____ / ____ / ____

Current Employment: _____

Educational Background:

School Name & Location:	Years Attended:	Degree:
_____	_____	_____
_____	_____	_____

Previous work (professional or volunteer) children and youth:

Organization:	Years Worked:	Type of Work / Position:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you completed the required Diocesan sponsored courses in:

Sexual Abuse: _____	Date: _____
Sexual Harassment: _____	Date: _____

Have you completed similar courses by another organization:

Organization: _____	Date: _____
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Why do you feel called to do a Happening Weekend ? _____

Adults are needed to continue the Happening Program. You will be periodically asked to work a Weekend, this includes attending the three weekends of Team preparation in addition to the three and one half days on the Weekend itself. There are numerous other tasks that must routinely be completed by adults.

What do you hope to contribute to Happening ? _____

Write a brief statement of your relationship with Jesus Christ : _____

Do you have any additional Comments ? _____

Medical Information:

Is there any medical condition we need to be aware of ? _____

Any allergies to foods, drugs, etc. ? _____

Any physical conditions that may limit participation in any activities ? _____

Any special dietary needs or restrictions ? Substitution suggestions ? _____

Under a doctor's care ? If so please describe: _____

Any prescribed medical treatment or drugs to be taken during this event ? Please describe: _____

Other health concerns ? Please describe: _____

Family Physician's Name: _____ Phone: _____

Medical Insurance Carrier: _____

Policy / ID Number: _____

In Emergency, Notify: _____ Phone: _____

Other concerns or comments ? Please describe: _____

May we publish your phone number, e-mail address, and mailing address in the Happening Directory? Yes ___ No ___

Happening Weekend # 25

November 13-15, 2009 at Camp Pioneer, Angola, NY

RECOMMENDATION for ADULT CANDIDATE

Name of Applicant: _____



REGISTRATION DEADLINE: *August 29, 2009.* Space is limited.

COST: The cost is **\$100** We suggest, as necessary, that the individual request support from their congregation. Scholarship help, based on need, is also available.

Instructions: There are three (3) parts to this application.

Personal Data page 1 & 2, Medical Form page 3 (submitted by the candidate)

Pastor's Recommendation, page 4, which he / she must send in.

This sheet is used by the Happening Spiritual Director to help inform them about the person, and is used in the planning process for the weekend.

We would appreciate your remarks and recommendation (or non-recommendation) of this person.

All comments will remain confidential.

It is essential that all blanks are filled in carefully and accurately. No action will be taken until all completed parts have been received. Thank you for your assistance.

Please mail to: **Happening Spiritual Advisor**
c/o Donna Phillippi, 7 Pratt Street, Mayville NY 14757

Name of Pastor: _____

Congregation Name: _____ Phone: (____) _____

Brief description of the applicant's participation in church, including attendance, youth group, acolyte, choir, etc.:

Are there other activities this person is involved in and to what extent? (work, school, volunteer) _____

Is there any reason that you are aware of that may indicate this person may not be ready to participate at this time?

Are there any known family or other problems or situations of which we need to be aware? _____

Any other comments (please continue on back if necessary): _____

Do you recommend this person? Yes _____ Not at this time: _____

Pastor's Signature: _____