

Happening Weekend # 25

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

ADULT TEAM APPLICATION

Visible Piece ___ Prayer Piece ___ Either Piece ___

Name _____

Instructions: Please check what you are applying for and print your name above.

Complete the first four pages and submit them to:

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

Give the Pastor's Recommendation form (Page 5) to your pastor for their completion and submission.

Application Deadline: Saturday, July 11, 2009.

Schedule (Visible Piece): Team Meeting #1: Saturday, September 19th, 10:00 AM – 4:00 PM

Team Meeting #2: Saturday, October 3rd 10:00 AM – 4:00 PM

Team Meeting (over-night): Friday, October 16th 7:00 PM – Saturday, October 17th 4:00 PM

Team Weekend Commitment: Thursday, November 12th 7:00 PM – Sunday, November 15th 5:00 PM

Schedule (Prayer Piece): Team Meeting #1: Saturday, September 19th, 10:00 AM – 4:00 PM

Team Meeting (over-night): Friday, October 16th 7:00 PM – Saturday, October 17th 4:00 PM

Weekend commitment Saturday, November 14th 10:00 AM – Sunday, November 15th 6:00 PM

Note: Team members MUST attend all Team meetings.

Cost: The cost is **\$100** (Visible Piece) or **\$20** (Prayer Piece). We suggest, as necessary, Team members request support from their congregation. Scholarship help, based on need, is also available.

Deposit: A non-refundable deposit of **\$25** is due at Meeting #1 and the balance by **November 12th**. Make checks

payable to: *Happening of WNY*

Acknowledgement of Commitment:

The Commitment: Serving on a Happening Weekend Team is a wonderful experience. There is joy and inner peace that comes when you help others on their walk to know Jesus Christ. You also help your relationship with Christ as you prepare for and serve on the Weekend, working with and sharing with the Team and then the New Happeners.

Serving on a Happening Weekend Team is not for everyone. As with any "extra curricular activity" you need to make choices and a commitment. You need to be honest with yourself and fellow Team members. You can't do everything. If you commit to be on the Team, do not commit to be on other "teams", such as sports, music or drama programs, etc., which require your attendance at the same time. Your social and work calendar will be affected. Happening is a major commitment. If you already have other commitments, or are considering another, you must make a choice, do not create a conflict. Please schedule "around" the Happening schedule. The unexpected does happen and you may not know other schedules in advance. Please honor your commitment to Happening if possible. If you can not, immediately contact the Head Mom or Pop. They, working with the Rector, will determine what adjustment (if any) is required. Do not assume because in "the past" it was ok, that it will be again and do not wait until the last minute. As a Team we are responsible for and to each other.

Acknowledgement: I will attend the Happening Weekend and Team Preparation meetings including the Teaming Overnight as scheduled above, sponsored by the Youth Commission of the Episcopal Diocese of Western New York.

In the case of an emergency, I understand that every effort will be made to assist me. In the event I cannot be make the decision, I hereby authorize any necessary emergency medical care, and agree to pay all charges connected with such treatment, not covered by insurance. I have completed the Medical Information on Page 2. I understand that there is a financial commitment involved as stated on this application, as well as mandatory team meetings as listed. I have reviewed schedule and our family calendar, secured the necessary time off from work, and am prepared to make the commitment required.

Signature of Adult: _____ Date: _____

Personal Data:

Name: _____ Nickname: _____

Address: _____

City / State / Zip: _____

Gender: F M Date of birth: _____ Age: _____ Home Phone: (____) _____

Business Phone: (____) _____ E-mail Address: _____

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

Congregation: _____ Name of Pastor: _____

Congregation Address: _____

City / State / Zip: _____

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: _____

Required Training Release:

Have you completed Diocesan sponsored courses in:

Sexual Abuse: _____ Date: _____

Sexual Harassment: _____ Date: _____

Team Position Application:

How often do you attend church ? _____ Do you attend Happening Reunions ? _____

How are you involved in your home congregation ? _____

Your Happening Weekend: _____ Diocese: _____

Have you served on the Happening Board: _____ Are you interested in serving on the Happening Board ? _____

Visible Team Positions held (including Weekend and Diocese): _____

Prayer Team Activity (including Weekend and Diocese): _____

If chosen for a team, what tasks would you be interested in ? (check as many as apply)

- Spiritual Advisor Head Mom/Pop Prayer Team Mom/Pop
- Gopher Mom/Pop Table Leader Mom/Pop
- Musician Visible Team Prayer Team Rally (at end of over-night) Community Celebration (at end of Weekend)]
- Other _____

What other commitment might you be willing to make for the Weekend ? _____

- Transporting supplies Clean-up Kitchen crew Other _____

In which situations do you feel most comfortable ? _____

In which situations do you feel least comfortable ? _____

What did you like most about the last Happening Weekend you attended or worked ? _____

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

Do you have any additional Comments ? _____

For Office Use Only:

Date Application Received: ____/____/____	Medical Release & Permission: ____/____/____	Pastor's Recommendation: ____/____/____
Deposit: \$ _____ # _____ /____/____	2 nd Payment: \$ _____ # _____ /____/____	
3 rd Payment: \$ _____ # _____ /____/____		



Team Covenant

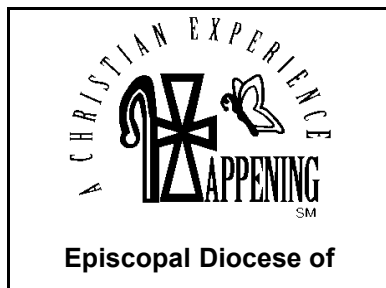
“I want to know Christ and the power of his resurrection and the sharing of his sufferings by becoming like him in his death, if somehow I may attain the resurrection from the dead. Not that I have already obtained this or have already reached the goal; but I press on to make it my own, because Christ Jesus has made me his own. Beloved, I do not consider that I have made it my own; but this one thing I do: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the prize of the heavenly call of God in Christ Jesus. Let those of us then who are mature be of the same mind; and if you think differently about anything, this too God will reveal to you. Only let us hold fast to what we have attained.”
(St. Paul in
Philippians 3:10 - 16)

Understanding that I have been called and will accept, if chosen, a leadership position for the Happening Movement in our dioceses,
and understanding that I will be visibly representing the norms and standards of the Christian community - especially to those whom God has called as candidates,
with the further understanding that no one has achieved perfection in this goal, and that the community is a community of understanding and forgiveness,

I faithfully agree to the following from the time I submit my application to be on team until one week following the closing of the weekend on which I will be serving as a team member.

- that I will faithfully attend the Holy Eucharist with my faith community every Sunday. If I am out of town, I will make my best effort to attend the Eucharist where I am,
- that I will hold the candidates by name (as soon as I become aware) in daily prayer,
- that I will hold the members of the team in daily prayer by name,
- that I will make every endeavor to attend all team meetings as a first priority among my activities and plans,
- that I will make a spiritual sacrifice of some significance as I prepare for the weekend,
- that I will do my best to make sure that my behavior at all times is consistent with the values of the Gospel and the standards of the Happening Movement,
- that I will be drug free at all times as I prepare to be a leader for this weekend,

signed: _____
(a copy of the signed covenant will be returned to you)



Western New York

Happening Weekend # 25

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

ADULT TEAM RECOMMENDATION

APPLICATION: There are five parts to this application. The first four Personal Data, Required Medical Information & Permission, Position Application, and Team Covenant are completed and submitted by the candidate. Part five the ***Pastor's Recommendation Form you are being asked to complete and send to:***

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

RECOMMENDATION DEADLINE: *Saturday, July 11, 2009.*

COMMENTS: This form is used only by the Happening Spiritual Director and Head Mom / Pop to help inform them about the person, to utilize strengths and be aware of sensitivities or problems. We would appreciate your remarks and recommendation (or non-recommendation) of this person.

All comments will remain confidential.

Please answer all questions and thank you for your assistance.

COST: The cost is **\$100** (Visible Team) or **\$20** (Prayer Team). We suggest, as necessary, Team members request support from their congregation. Scholarship help, based on need, is also available.

Name of Pastor / Youth Group Leader: _____

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): _____

Pastor's / Youth Group Leader's Signature: _____