



**The Episcopal Diocese of Florida
Diocesan Youth Ministry**

New Beginnings

New Beginnings #1* Team Application
March 27-29, 2009 - Deadline February 27, 2009

☞ Each arrow represents a place where a signature is required **before** mailing the application.

Team Meeting: Sat, March 7, 2009 (10am - 3pm) at Camp Weed **YOU MUST BE ABLE TO ATTEND MEETING**

Adult team members must be 25 years of age and demonstrate maturity in working with youth. Adults who are at least 21, and are serving as a youth leader in the diocese, may serve on team with the approval of the Executive Committee.

Name: _____ Birthdate: _____

(Go By): _____ Age: _____ Gender: _____

Mailing Address: _____

Street/Apt. # _____ City _____ Zip _____

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

Name of school you attend: _____ Graduation Year: _____

Parent's Names: _____

Parent's Mailing Address: _____

Street/Apt. # _____ City _____ Zip _____

Requested position: PSC (Prayer, Care, Share) FGL (Family Group Leader) Music

PSC Helpers during the weekend. They setup space for discussions, skits and talks, meals, and work with the advisors to make sure everyone has what they need.

FGL Will guide the small group discussion and activities. FGL's may also give one of the talks. They are expected to share about their faith with their group and should feel comfortable talking about their relationship with God.

Special gifts/talents: _____

Are you willing to give a talk or be part of a skit? Give a talk Be part of a skit

List Parish & Diocesan activities in which you participate: _____

Name of Church where you worship: _____ City: _____

If Church is paying for any portion of fee, indicate amount: _____

Please obtain your Youth Leader's (if you have one) and Priest's signature of support :

☞ Youth Leaders's Signature: _____ Church#: _____

☞ Priest's Signature: _____ Church#: _____

Accepting a call to serve on a New Beginnings team is an important commitment.

- There is a \$100.00 team fee. This is for lodging and meals at Camp Weed. This fee is due with this **application**.
- Every team member is responsible for attending all team meetings. Absence from a meeting may result in dismissal from the team. Individuals are responsible for their own transportation.
- Every team member must arrive at Camp Weed by 3:00pm on the Friday of the Weekend.
- Team members must attend final team meeting after the Closing Eucharist and help clean up afterwards on Sunday.
- Team members have no further responsibility after clean-up. Any other activity after clean up is not part of the weekend, nor the responsibility of the Diocese of Florida.
- Camp Weed is a smoke-free environment. There will be no smoking during the event.
- No alcohol, illegal drugs, weapons, fireworks, or explosives are allowed. Nor will there be any sexual misconduct.

☞ I agree to live by these standards for this event. (Participant Signature): _____

MEDICAL INFORMATION & RELEASE:

Please list any conditions you have that may be of concern (mobility impairments, past serious illnesses, etc.)

Please list any medications you are presently taking **(Be sure to bring with you)**: _____

_____ Do you need assistance with medication? _____

Any dietary concerns (are you a vegetarian?) _____

Any Allergies to food, medicine or environment: _____

Do adult leaders have permission to dispense tylenol, aspirin, pepto-bismol, or other over the counter medicines? _____

Are there any medicines you do not wish your child to take? _____

Family Doctor's Name and phone: _____

Any additional information about participants' behavior, physical, emotional, or mental health, or any restrictions on activity: _____

Forms do NOT need to be notarized

I hereby release and authorize the adult leaders of this event to take necessary actions to procure medical assistance for (my child)(me) should it become needed. I give permission to the medical personnel selected by the adult leaders to order X-rays, tests, treatment and to provide for necessary related transportation for (my child)(me). In the event of an emergency, I hereby give permission to the physician selected by the adult leaders to secure and administer treatment, including hospitalization for the person named above.

☞ _____
Signature of parent, guardian, or adult participant *Date*

Emergency contact: _____ Phone #: _____

Emergency contact: _____ Phone #: _____

Participant's insurance Company, policy and number:(please include Group # and ID # if applicable):

All checks made payable to: Diocese of Florida. (Please note event name on check)

Registrations will be taken on a first come basis. Your application and check ensure registration for this event unless you are an adult chaperone who has not completed the Child Abuse Prevention course required prior to attending. The cancellation fee is \$25.00. There is also a \$25.00 fee for all returned checks.

Everyone over 18 on the weekend must take the Child Sexual Abuse Prevention class.

Have you completed the Child Sexual Abuse Prevention class? Yes _____ No _____

***** This class must completed before event! *****

All Applications should be sent to: Diocesan Youth Minsitry Phone 904-356-1328 ext 16
325 Market Street Fax 904-355-1934
Jacksonville, FL 32202 E-mail: youth@diocesefl.org

PLEASE! PHOTOCOPY THIS FORM FOR MULTIPLE USE!!

Applications (Front & Back) must be completed in FULL & RECEIVED by the due date.