

Harvest TEC Community

Dear Friend in Christ –

Thank you for considering the Teens Encounter Christ retreat to be held Feb. 13-15 at Bishop Hayes School in Muscatine. We hope that this will be an important step in your journey of faith.

This document contains three parts that comprise your application for TEC:

- The application form
- The reference form (to be filled out by an adult who is not your parent)
- The health and liability release form (which is filled out by your parent)

Please mail the application form and the health and liability release form to

Pat Finan
1286 82nd Ave.
Knoxville, IA 50138

This should be *received* by Feb. 2.

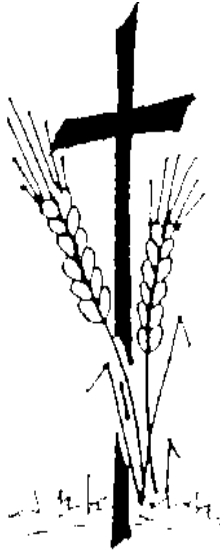
Likewise your reference should mail their form to the same address, to be received by Feb. 2.

You will receive notification via e-mail and snail-mail. Obviously, the sooner you apply, the sooner we can consider your materials and respond, so please do not wait until the last minute!

We look forward to receiving your application. May God bless you and your family!

In Christ's peace,

Pat Finan
Coordinator of Faith Formation and Youth Ministry
Diocese of Davenport



2010 Harvest TEC Application Form

Bishop Hayes School, Muscatine ~ Feb. 13-15

Name:				
Address:				Age
City/State/Zip				
Phone		Birth date		
Parent(s)				
Parish/Town				
Email Address				
School			Year	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> College Fresh
Reference by			Phone	()

Please answer the following questions, using the other side of this sheet if necessary.

1. What other retreat experiences have you participated in?

2. Which community, school or church activities are you involved in?

3. Have you received the Sacrament of Confirmation? If so, when? (TEC is not designed to be confirmation retreat, and should not be used to fulfill parish sacramental requirements.)

4. What are some of your concerns at this time in your life?

5. It is necessary that you be present for the entire retreat from 10 AM Saturday to 4 PM Monday. Do you agree to this? **YES NO**. (If not sure if this is possible, please contact Pat Finan at (641) 842-5148 to discuss your individual situation, or e-mail finan@davenportdiocese.org and you'll receive a phone call)

6. Do you have dietary or physical access needs we should be aware of? (If yes, explain)

Application deadline is Feb. 2. Return form along with a \$25 non-refundable deposit to:

TEC
c/o Pat Finan
1286 82nd Ave.
Knoxville, IA 50138
or email to
finan@davenportdiocese.org

Please make all checks payable to
DIOCESE OF DAVENPORT

Some parishes pay part the \$55 registration fee. However, it is the candidate's responsibility to check with the parish. Nobody will be turned down because of inability to pay. If the parish can not help and the registration fee is a burden, please call Pat at (641) 842-5148 to work out a solution.

Part of the application process is a reference form to be filled out by a teacher, employer, youth minister or other adult, but **NOT by your parents**. Your application is not complete until we have received the reference form, so ask the person completing yours to send it in as soon as possible.

The Diocese of Davenport retreat panel approves of TEC.



TEC REFERENCE LETTER

Dear Friend,

The young person who has given you this form is applying to participate in a TEC (Teens Encounter Christ) weekend. TEC is an experience in Christian living designed for Catholic teens and adults. It is also open to others who wish to attend. TEC is an international program with hundreds of weekends such as this being conducted in over 70 centers around the U.S. and overseas.

TEC is based on solid and up-to-date principles. The testimony of thousands of young people who have participated in the program give convincing evidence that TEC touches participants deeply and can have a very positive influence upon them.

In order that the TEC team may be able to deal personally with each candidate, we are asking that you fill out this reference form (please see next page). Your comments will be kept confidential but will be shared with those adults on the team who are working with your young person. We also ask that you pray for this candidate, so that TEC may be a positive influence in his or her life.

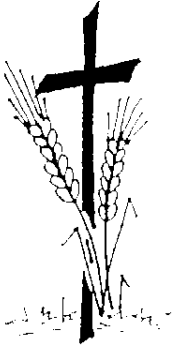
Should you desire more information about the upcoming weekend or the TEC program itself, feel free to call me at (641) 842-5148. We sincerely appreciate your help and cooperation in filing out this form.

Thanks again for your assistance. Your comments will help our team make TEC a more meaningful experience for this candidate. Please mail your form to me at the address below. It should be received by Feb. 2.

Sincerely,

Pat Finan
Faith Formation and Youth Ministry Coordinator
Diocese of Davenport
1286 82nd Ave.
Knoxville, IA 50138

PS: If you are a parent of the TEC candidate, please do not fill out the reference form. Instead, give it to an adult who knows your child well. Thank you!



TEC CANDIDATE REFERENCE FORM

(Reference can not come from participant's parent)

Candidate's Name _____

Reference Person _____

Your Street Address _____ City/State/Zip _____

Daytime Phone _____ Evening Phone _____

How well do you know the candidate? _____ In what capacity? _____

During the TEC weekend, each candidate will be participating in various activities. These include varying levels of group interaction, religious experiences and social and athletic events. So that the TEC team may best meet the needs of your candidate, it is important that you be as specific as possible with your comments. What you share is confidential and will be shared only with the adult members of the TEC team so they may better help the young person have a good experience.

1. Is the candidate active in each of the following areas? (If "yes", please describe):

A. Church Activities: YES NO

B. School-related activities YES NO

C. Part-time job YES NO

2. Has the candidate shown leadership in any of the areas listed above? YES, NO If so, please describe:

3. Are there any home situations we should know about, such as divorced or separated parents, recent additions to the family, recent deaths in the extended family, alcoholism, substance abuse, job changes, or an unemployed parent, etc.? If so, please describe:

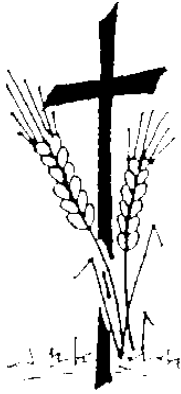
4. Does the candidate demonstrate any personality problems? YES, NO If "yes," please describe:

5. Does the candidate demonstrate an interest in his/her religious faith? YES, NO If "yes," please describe:

6. How well do you think the candidate will participate in small group discussions?

7. On the back of this sheet, please share any additional thoughts that you feel may be pertinent.

Please send this form by Feb.2 to Pat Finan, 1286 82nd Ave, Knoxville, IA 50138 or e-mail it to finan@davenportdiocese.org



TEC Health and Liability Release Form

Information on this form will be kept confidential except, when necessary, to share with select adult TEC team leaders so they may better care for your child.

Participant's name _____

Address (include zip) _____

Phone _____ Date of Birth _____

Father/guardian	
Best phone to call	
Address/City/Zip	
Mother/guardian	
Best phone to call	
Address/City/Zip	

Local relative or contact, if parents/guardians can't be reached:

Name		Relationship	
Address		Phone	

Insurance information (please include a copy of your insurance card)

Insurance Company:	Policy#:
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Health Information

Illnesses, surgeries, injuries:
Allergies, diet, physical restrictions, or pertinent behavioral concerns:
Medications:
(send ample quantities of meds for weekend in clearly marked container, with note explaining dosages, schedule)
My child may be given if needed (circle each approved) ASPIRIN TYLENOL ADVIL

Acknowledgment and Release from Liability

By signing below, I acknowledge the following:

- That the information provided on this form is complete and accurate, and that the young person named above has permission to engage in all planned TEC activities, except as noted by me or a physician.
- That I am responsible for transporting my child to/from TEC; my child will not be allowed to drive at TEC.
- In the event of an emergency, I hereby give permission to the physician selected by the director of TEC to secure proper and adequate treatment, including hospitalization, routine procedures, and surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.
- As parent/legal guardian, I remain fully responsible for legal responsibilities for actions taken by my child.
- I hereby hold harmless Bishop Hayes Catholic School, the Diocese of Davenport, its officers, directors and agents, and all employees and chaperones associated with this event.
- I understand that while at TEC, my child will be supervised by trained adults from the Diocese of Davenport. I have made my son or daughter aware that he/she is to follow all instructions from adults associated with the TEC Team, and if that he/she is unable to comply with their instructions, he/she will not be allowed to remain at the retreat.
- Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the retreat director in writing to the contrary.

Signature or Parent or Guardian _____ Date _____