EPIPHANY OF TEXAS TEAM APPLICATION

"Reflecting the love of Christ to Youthful Offenders"

THIS TEAM APPLICATION SHOULD BE COMPLETED BY A VOLUNTEER FOR THEIR FIRST THREE WORKING WEEKENDS.

VOLUNTEER INFORMATION		
Name		
Address		
City	State	Zip
Email		
Church Attending	Denomination	

3-Day Weekend Attended (mark all that apply): ( ) None ( ) Emmaus ( ) Cursillo ( ) Tres Dias

( ) Chrysalis ( ) Happening ( ) Kairos ( ) Epiphany ( ) Cross ( ) Other_____

(It is strongly recommended that the applicants attend their own 3-day weekend.)

Date of Weekend	Location	State

Your Experience serving on a 3-day weekend (mark all that apply): ( ) None

( ) Advising Lay Director ( ) Lay Director ( ) Asst Lay Director ( ) Weekend Coordinator

( ) Spiritual Director ( ) Weekend Board Rep ( ) Table Leader ( ) Asst Table Leader

( ) Asst Spiritual Director ( ) Music ( ) Inside Kitchen ( ) Agape ( ) Prayer Chapel

( ) Recreation ( ) Skits ( ) Outside Kitchen ( ) Other (specify) _____

Are you willing to serve (check one):

( ) Inside OR Outside the youth facility.

( ) Inside only. The applicant must be approved by the government facility at which it will be serving.

The applicant should be actively involved in their local church and community.

The applicant must be approved by the current Lay Director.

( ) Outside only. The applicant must be approved by the Leadership Team for that weekend.

(This form can be found on TexasEpiphany.com, under the Resource tab)

VOLUNTEER COMMITMENT
Please initial the following statements indicating your approval to comply
( ) I do hereby agree to abide by all Epiphany Ministries of Texas rules and regulations as outlined in the Epiphany Team Manual, which will be provided to me upon acceptance into the ministry. ( ) As a volunteer with Epiphany Ministries of Texas, I will not knowingly solicit, receive, disclose, authorize, nor make use of any records and/or information concerning any youth for which the Government facility provides care and services. ( ) I agree to attend all the team meetings and carry out the responsibilities of an Epiphany Team Member as they have been explained to me. (Any absence from a team meeting must be approved by the current Lay Director) ( ) I agree to attend the Epiphany reunions a minimum of four times during the year following the weekend. ( ) I understand that I will need to be approved by the local city, county, state, and federal facility that I will be serving as a volunteer of Epiphany Ministries of Texas and hereby give permission for that facility to release any information necessary to Epiphany Ministries.
Applicant's Signature Date

PASTOR TO COMPLETE		
Pastor's Name		
Address		
City	State	Zip
The applicant, _____, is known to me and to the best of my knowledge leads an active Christian lifestyle and is a faithful member of the church. (Applicant's name)		
Pastor's Signature Date		

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