

# Adult Team Application for FISH

Name: \_\_\_\_\_ T-shirt size: S M L XL 2XL 3XL

Address: \_\_\_\_\_

Street Name \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: Home ( ) \_\_\_\_\_ Work &/or Cell: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth (mo/date) \_\_\_\_\_

Church you attend: \_\_\_\_\_ City \_\_\_\_\_

## MEDICAL INFORMATION

Family Health Insurance \_\_\_\_\_ policy # \_\_\_\_\_

Phone number: \_\_\_\_\_

Family doctor: \_\_\_\_\_ phone # \_\_\_\_\_

Please be aware of my following medical conditions: \_\_\_\_\_

I am on the following medications: \_\_\_\_\_

I have the following food allergies/dietary restrictions/food preferences:  
\_\_\_\_\_

In case of an emergency please contact: \_\_\_\_\_ phone # \_\_\_\_\_

Team you will be serving on: Music \_\_\_\_\_ Kitchen \_\_\_\_\_ Dorm Parent \_\_\_\_\_ Wheat Mentor \_\_\_\_\_

Co-Spiritual Director \_\_\_\_\_

## FOR PARISH PRIEST/CLERGY PERSON TO SIGN:

I recommend this adult to be on the FISH Team, working with youth. He or she is an active member at our church.

\_\_\_\_\_  
Parish Priest signature

\_\_\_\_\_  
Date

This TEAM believes in 100% commitment from its members. As adult team members we ask you to place the following dates as a priority in your calendar. If for some reason, you cannot attend, please let the FISH Coordinator and Rector(a) know ahead of time. As the Diocesan policy states, we require a minimum of two adults at every team meeting. We also require that any adult has to go through the Diocesan Child Abuse Prevention Training, to be on the weekend. If you have not, please call the Faith Church Office for help to get the training.

1. Have you worked with teenagers before? If so, in what capacity?
2. Are you comfortable working with teens?
3. Have you been through the diocese's child abuse prevention training? If not, you will need to by the FISH weekend.

## FOR YOUR SIGNATURE:

I agree to attend **all of the team meetings to the best of my ability** and will notify the rector/a and/or the adult mentor when I am not able to. I have attended the child abuse prevention training or will do so before the FISH weekend. I understand that by attending a Faith Church Youth Event, I am asked to refrain from drugs, including alcohol and tobacco, during the event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

**Team Fee: \$40 CHECK made payable to: FAITH EC**

**Mail to:** Faith Episcopal Church 2200 Country Club Drive Cameron Park, CA 95682 or FAX at 530-676-3754