

Iowa Happening #32

STAFF APPLICATION

What staff position(s) are you applying for? **Mark 1st, 2nd, and 3rd choice** and please know that prayerful consideration goes into the staff selection so that the best team is put in place for the weekend considering the gifts and talents of all applicants.

Junior Staff positions are for those that: 1) this is your first time on staff or 2) you want to be on staff but not necessarily have oversight in a particular area.

Gopher Family Leader Caritas team music team kitchen team

Senior Staff positions are for those that: 1) have served on previous Happening teams, 2) are willing to spend more time to prepare for the weekend beyond the staff lock-in, 3) are willing to be the go to person for a specific area of the weekend, and 4) are willing to guide and train the other youth staff.

Rector/Co Rector (applicant should have served on at least 2 Happening staffs)

Caritas Rector (applicant should have served on at least 1 Caritas team)

Techno Gopher (applicant works with camera's/video/electronics and music team)

Holy Gopher (applicant is familiar with worship in the Episcopal Church and works with Spiritual Directors)

Please answer the following 6 questions **on a separate page**:

- 1) What strengths and gifts would you bring to a Happening staff (such as communication or leadership)?
- 2) What challenges would you bring to a Happening staff (such as a tendency to procrastinate or fear of public speaking)?
- 3) How did your Happening weekend influence you?
- 4) What are your long-term goals as a Happening staffer (what positions do you want to hold, how do you want to be involved in future weekends, if you would like to serve as rector is fall or winter/spring better with regard to your school/activity schedule)?
- 5) What positions have you held during past Happening weekends and what did you like and not like about each position?
- 6) Describe one of your favorite Happening moments.

The weekend cost for Team Members is \$35.00 and is due by Staff Lock-In.

Application deadline: **Senior Staff (see above) applications due JANUARY 3, 2012**

Junior staff (see list above) applications due JANUARY 20.

****NOTE: LATE FEES WILL APPLY TO APPLICATIONS RECEIVED AFTER THESE DATES!!****

Return application to:

Happening #32

225 37th Street, Des Moines, IA 50312-4305

Or email application to: LNHoward@hotmail.com

For Questions contact Happening Co-Coordinators: Diane Bjorklund DianeBjorklund@mchsi.com

or Lacey Howard LNHoward@hotmail.com

For Questions and confidential scholarships assistance contact Lydia Bucklin, Diocesan Youth Missioner

LBucklin@IowaEpiscopal.org. ****Note: Lydia is away on maternity leave until early February.**

Before then, please contact a co-coordinator or call the Diocesan office at 515/277-6165.

Diocese of Iowa Youth Event Covenant

May God who has given us the freedom to choose, give us the strength and guidance to make decisions for the welfare of the whole community. Amen

I want to attend Happening #32. I will be dedicated to building a community with my fellow peers. I will abide by the covenant and rules of conduct for the Episcopal Diocese of Iowa and specific to the weekend including: **no cellular phones, no leaving the facility's grounds, and no driving once arriving at the event.**

I understand that I must attend a staff overnight retreat Friday/Saturday, February 3-4, 2012 at Christ Episcopal Church in Cedar Rapids.

We expect each student and adult to conform to this covenant and rules of conduct:

With God's help:

- I will have an open mind and a positive attitude at this event.
- I will participate in all scheduled activities.
- I will not leave the event grounds without the permission of an adult chaperone.
- I will follow posted rules at any recreation facility and use seatbelt when in a vehicle.
- I agree to follow all rules regarding electronic devices given at each event.
- I will respect the dignity of every human being and the authority of adult chaperones.
- I will respect church and individual property, and be held financially responsible for willful destruction of any property.
- I will visit another's sleeping area only when invited and NEVER the sleeping area of the opposite sex.
- I will not participate in sexual behavior.
- I will not participate in violent behavior.
- I will not possess or use illegal drugs, alcohol, or tobacco at any time during the event and not possess or use fireworks, firearms, knives, or other weapons.

Note: I understand that the above behaviors are non-negotiable and the consequences will include one or more of the following: my parents will be notified, I will be removed from the group's activities, I will be sent home at my family's expense.

I understand that the covenant and rules of conduct are designed to make the Youth Event the best and safest event possible for everyone and that if I violate any part of this covenant the adults in charge will have the authority to determine appropriate consequences. I have read the above covenant and rules of conduct and agree to live by these standards throughout the Youth Event.

I make this covenant with my sisters and brothers in Christ and I agree to abide by the above guidelines and consequences.

Participant signature: _____ Date: _____

I support my son/daughter's application to attend Iowa Happening #32.

Parent/Guardian Signature _____ Date _____

Please return this application as soon as possible to:

Happening #32, 225 37th Street, Des Moines, IA 50312-4305

Or email application to: LNHoward@hotmail.com

The \$35 staff registration fee is due at the Staff Lock-In, February 3, 2012. Make checks payable to: Episcopal Diocese of Iowa **NOTE: A late fee will be charged if this application is received after the deadlines of January 3 (senior staff/ leadership) or January 20 (all other staff).**

Episcopal Diocese of Iowa Emergency Info and Medical Release
Happening #32 – A Christian Experience
Staff Lock-In February 3 to 4, 2012 and
Weekend Friday February 24, 2012 1pm- Sunday February 26, 2012 5 pm
Christ Episcopal Church 220 40th Street N.E., Cedar Rapids, IA 52402

Adult Volunteers and Youth must complete

Please print in ink:

Participant's Name: _____ [] Male or [] Female Birthday: _____

Address _____ City _____ State ____ Zip _____

Parent/Guardian Names _____

Parent/Guardian Phone: Work/Cell (1) _____ Work/Cell (2) _____

Emergency contact: _____ Relationship: _____

Emergency Contact's Phone: Home _____ Work/Cell _____

Medical insurance company: _____ Policy #: _____

Physician: _____ Office phone: _____

Dentist: _____ Office phone: _____

I the undersigned have legal custody of the Participant, a minor.

Parent/guardian signature: _____ Date: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that I/he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the participant named above. I also agree to bring my child home at my own expense should he/she become ill or if deemed necessary by the Church retreat leaders.

Parent/guardian signature: _____ Date: _____

Participant's signature if over 18: _____ Date: _____

MEDICAL HISTORY

Please attach additional sheet of paper if necessary with the following information.

1. Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which this participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

2. Include names of medications and dosages that must be taken:

3. Please list any dietary restrictions or food allergies:

4. Does this participant have allergies to? [] Pollens [] medications [] food [] insect bites [] other

List specific allergens

If there is an exposure, what should be done?

5. Does participant suffer from, or has ever experienced, or is being treated currently for any of the following:

q Asthma q epilepsy/seizure disorder q Diabetes q physical handicap q frequently upset stomach q heart trouble q other

Explain:

6. Date of last tetanus shot: _____

7. Does participant wear? [] glasses [] contact lenses