



## Team Member Application

Which weekend do you wish to attend (select one)?

**Sioux Falls Location**

- November 20-22, 2009
- February 19-21, 2010
- June 4-6, 2010

**Aberdeen Location**

- October 23-25, 2009
- January 8-10, 2010
- March 26-28, 2010

*Where do you feel called to serve?*

- Back-Up
- Chapel Leader
- Prayer Back-Up
- Music Team
- Sticky Sheet
- Eucharistic Minister
- Back-Up Boss
- PB Coordinator
- Adult Team
- I would like to give a talk

(which one)

**Personal Info** - please write **legibly**

Name \_\_\_\_\_ M \_\_\_ F \_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact (if parent can not be reached)

Name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Parental/Guardian Info**

Mother/Guardian's Name \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_

**Parish/School Info** - fill in all information

Catholic  Non-Catholic  
 Parish Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Pastor's Signature (required) \_\_\_\_\_  
 Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parish Phone \_\_\_\_\_  
 School Name \_\_\_\_\_ Grade \_\_\_\_\_

Please see back for application information

## Team Member Application Information

**We are excited to have you on the weekend!**

Just a reminder, applications must be turned in at least **THREE WEEKS** prior to the weekend to guarantee a spot.

**Please include the following with your completed application:**

- Payment (checks payable to SEARCH)
- Consent Form (if under 18)
- IF 18 OR OLDER ALSO COMPLETE**
- Diocesan Safe Environment Training
- Diocesan Misconduct Questionnaire
- Background Check\*

*\*results from background check must be received prior to the weekend or adult will not be allowed on the weekend. Results take anywhere from 2-3 weeks.*

If these forms or information did not come with your application, they can be downloaded at:  
[www.search4christianmaturity.com](http://www.search4christianmaturity.com)

**Where do I mail the forms?**

Applications are processed at each location.  
 Please send all forms to the location you are applying to.

### **SIOUX FALLS LOCATION**

Sioux Falls Search  
 c/o Amy Nightingale  
 3601 E Dudley Lane  
 Sioux Falls, SD 57103

### **ABERDEEN LOCATION**

Aberdeen Search  
 c/o Eric Gallagher  
 502 2nd Ave SE  
 Aberdeen, SD 57401

### **What Do I Pay?**

#### **Early Bird Specials**

\$15 - app is received one month prior **OR** \$25 - app is received two weeks prior

#### **Normal Cost**

\$45 – If your application less than two week prior to the retreat

**CHECKS MADE PAYABLE TO EITHER ABERDEEN SEARCH or SIOUX FALLS SEARCH**

#### **Cancellation Policy - Please be aware of our policies regarding cancellations as follows:**

It sometimes becomes necessary for the Diocese to cancel a scheduled event due to low numbers, weather, or other extenuating circumstances. Please note that every attempt possible will be made to notify you of this cancellation. If the diocese does cancel an event, all fees will be fully reimbursed.

Due to overwhelming demand and the need for advance planning, we require a definite commitment from participants. Therefore, all payments are nonrefundable. Failure to pay by the requested date will result in a forfeiture of your spots so we can accommodate, to the best of our abilities, any over-flow.

Please be aware that these policies are in place so that we may be as fair as possible to all groups and so that we may prepare adequately for the participants who are able to attend.

## **Team Member 'Good To Know's'**

**!! Keep this page for your information !!**

### **When do I have to be there?**

Team members are asked to arrive at the retreat location at 3:15 on Friday. There will be set-up, a commissioning service, and some time to hang out. Your pre-weekend duties will be explained when your duty is assigned.

### **Is there any type of training?**

Stay posted for team days, pre-weekend training/set-up, and more. This information can be found on the team page. Please contact a Search Board member to find out team login information.

### **What else?**

There is a lot of information for team members on the team member page online. Please read the information on the website to help you prepare for the weekend. All team members are asked to 'serve' on the weekend. For we must learn to follow in order to become a leader. If you have questions about your role or anything about the weekend, please contact:

Eric Gallagher - Aberdeen Search - [aberdeensearch@hotmail.com](mailto:aberdeensearch@hotmail.com)

Amy Nightengale - Sioux Falls Search - [contact@search4christianmaturity.com](mailto:contact@search4christianmaturity.com)

### **Other Good To Know's**

- We encourage all team members to receive the sacrament of Reconciliation prior to the weekend in order to prepare for the weekend.
- Team members are asked to leave anything that may be distracting at home (watches, iPod's, homework, etc.) in order to be there 100% for the new searchers.
- Please come to the weekend ready to experience something new. Each weekend is very different and should not be compared with another. Leave any expectations you have at the door and be ready to serve!

### **Addresses where Search is held:**

Aberdeen Search - Roncalli High School  
1400 N. Dakota Street, Aberdeen, SD

Sioux Falls Search - Holy Spirit Church  
3601 E Dudley Lane, Sioux Falls, SD

**If there is an emergency during the weekend please call:**

**Sioux Falls Search - Amy Nightingale - 605-371-1478**

**Aberdeen Search - Eric Gallagher - 605-380-3667**

**CATHOLIC DIOCESE OF SIOUX FALLS OVERNIGHT YOUTH EVENT  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_ School Attending \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ T- shirt size: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parish & City: \_\_\_\_\_

Parent/Guardian/Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_

Parent or Guardian's Name

Child's Name

To participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_.

Parish Name

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, its officers, directors and agents,

(Name of Parish)

and the Catholic Diocese of Sioux Falls, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Catholic Diocese of Sioux Falls, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name and Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as tylenol, ibuprofen, motrin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does the child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_



Catholic Diocese of Sioux Falls

AUTHORIZATION TO OBTAIN INVESTIGATIVE REPORT

Section A: To be completed by Applicant

Full Name (Please Print): \_\_\_\_\_
First Middle Last Maiden / Alias

Current Address: \_\_\_\_\_
(Permanent Address) Street Address City State Zip Mo/Yr to Mo/Yr

Previous Addresses: (7 years) (Complete if you have lived at your current address for less than 1 year.)

Street Address City State Zip Mo/Yr to Mo/Yr

Street Address City State Zip Mo/Yr to Mo/Yr

Street Address City State Zip Mo/Yr to Mo/Yr

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Title of Paid Position or Volunteer Assignment Seeking: \_\_\_\_\_

Have you had a background check completed within the past 6 years? \_\_\_\_\_ If so, when? \_\_\_\_\_

Gender\*: \_\_\_\_\_ Race\*: \_\_\_\_\_

\* This information is voluntary. However, without this information, we may be unable to properly identify you in the event we find adverse information during the course of our background search.

In connection with my application for employment or volunteer assignment, I understand that a consumer or investigative consumer report may be requested containing information about me including, but not limited to, public records, criminal records, driving history, educational verification, licensing and credential verification, and employment history. I understand that information may be obtained from various federal, state, local and other agencies and from any other persons who may have information about my past.

By signing below, I hereby authorize without reservation, any party or agency contacted by the Catholic Diocese of Sioux Falls, the organization for which I am applying for employment or volunteer assignment, or any agency acting on their behalf, to furnish information about me. If accepted for employment or volunteer assignment, I further authorize ongoing procurement of the above mentioned reports at any time during my continued employment or volunteer assignment. I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

My signature below provides acknowledgement of the disclosure notice (see reverse side) and authorization to procure a consumer or investigative consumer report.

\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section B: Parish or School Office Use Only

Name of Organization: \_\_\_\_\_

Address to Return Request: \_\_\_\_\_ Phone #: \_\_\_\_\_
Street Address City State Zip

Contact Name & Title: \_\_\_\_\_

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

Report Requested: Volunteer Employee Motor Vehicle Account #: \_\_\_\_\_
(circle all that apply)

Minnesota, California & Oklahoma applicants may obtain a copy of the investigative report by contacting the Catholic Diocese of Sioux Falls. It will be mailed to you as required by state law.



## Catholic Diocese of Sioux Falls

Dear Applicant,

Thank you for your interest in joining the CATHOLIC DIOCESE OF SIOUX FALLS as an employee or volunteer. In order to promote a safe environment for the public, our employees, volunteers and other members of our organization, we routinely conduct background checks on all applicants. The background check is conducted by a consumer reporting agency in compliance with federal law, and is called a consumer report or investigative consumer report. The word consumer simply means "individual" (a report on an individual). The report will include a check of criminal records for volunteers, and possibly more, depending on the position you have applied for. The background check WILL NOT include your credit report. Please read the following disclosure notice as required by federal law prior to completing and signing the form on the reverse side.

### DISCLOSURE NOTICE FOR CONSUMER REPORTS

In connection with your application for employment or volunteer assignment with the CATHOLIC DIOCESE OF SIOUX FALLS, please understand that a background check will be performed as part of normal procedure. Information will be obtained about you from a consumer reporting agency. Depending on the position for which you are applying, the report may include information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, and driving record. Preparing the consumer report may involve inquiries with sources such as supervisors, friends, neighbors, associates, public record or law enforcement agencies. A consumer report and/or an investigative consumer report may be obtained at any time during the application process and if you are hired or assigned, during your continued employment or volunteer assignment. You have the right, upon written request, and after the receipt of this notice, to request a disclosure of the nature and scope of the investigative consumer report.

Before a decision is made to deny your employment or volunteer assignment (called adverse action), when the decision is based in whole or in part on the information contained in the report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act (FCRA), as well as additional information regarding your rights under the law.

**Note:** Even though the federal act is called the Fair Credit Reporting Act (FCRA), no credit report will ever be requested. The FCRA also applies to other items of the background check such as criminal records and those listed above.