

HESED TEAM APPLICATION
www.HesedRetreat.org

Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H): _____ (W): _____

Fax: _____ Email: _____

I am active in: _____ / _____ / _____
(church) (denomination) (location)

I have attended:

____ HESED ____ Via De Cristo ____ Cursillo ____ Emmaus
____ Tres Dias ____ TEC ____ Pilgrimage

Please list any prior team experience, noting date, location, and position:

If selected to serve on this team, I will serve Christ in any position I am called to fill, but would prefer the following position(s):

Do you need any special **diet** due to medical reasons? Y N

If yes, what special diet? _____

Do you have a **vision** impairment that is not corrected with eyeglasses or contact lenses? Y N

Will you need assistance getting washed and dressed in the morning and ready for bed at night? Y N

If yes, what type of help will be needed? _____

Do you have problems with communication? Y N

If yes, please circle the one(s) that best describes:

- mild speech impairment / uses 2-3 word phrases / able to say a few words /
- uses vocalizations and sounds / uses gestures and points /
- uses special system (communication board, etc.)

Do you have any other physical limitations that we should be aware of? If so, please describe: _____

Would you be able to sleep in a top bunk bed if needed? Y N

Do you have any allergies to:
_____ food _____ medication _____ insect bites _____ any other?
Please list/explain: _____

Are you on any medication that you will need assistance with or reminders for taking? Y N
If so, please complete the medication form. This is mandatory information for the safe organization of the retreat.

_____ Date: _____
Signature

Do we have permission to use any photos or videos of you in publication for HESED?
Y N

If so, please sign here: _____

Team members are asked to pay \$80 to Hesed for the cost of the retreat and meals. Please send the completed application and medication form to:

Hesed
C/O Fran Lilley
1907 Natchez Trace
Greensboro NC 27455
336 545 1519

HeadAngel@HesedRetreat.org

NOTE: After we receive your application we will send you a letter informing you of whether or not you have been chosen to serve on the team.