

TEAM APPLICATION FORM-NCPP

Name: _____ Phone #: (Primary) _____

Address: _____ (Secondary) _____

_____ Church: _____

_____ Reunion Group: _____

Email: _____ Pilgrimage Attended: _____

I would like to be considered for service on the team for NCPP #: _____

I am willing to make the following commitment of time, talents and resources.

- To serve Christ Thursday - Sunday, including set-up and break down of the Camp as I am physically able.
- To attend three Saturday team meetings (usually between 9 a.m. and 4 p.m.) prior to the weekend and an Ultreya after the weekend.
- To pay my share of the cost of the weekend (\$180).

I have previously served on a team I have **not** previously served on a team.

I have served on previous teams as (List position served, date and rollo given if professor):

I would like to serve as: (check all that apply and circle your first choice)

- | | |
|--|---|
| <input type="checkbox"/> Wherever I am Needed | <input type="checkbox"/> Kitchen Cha |
| <input type="checkbox"/> Professor/Facilitator Cha | <input type="checkbox"/> Outside Cha |
| <input type="checkbox"/> Head Cha | <input type="checkbox"/> Palanca Cha |
| <input type="checkbox"/> Chapel Cha | <input type="checkbox"/> Pastor |
| <input type="checkbox"/> E-Cha | <input type="checkbox"/> Music Cha |
| <input type="checkbox"/> Escort Cha | <input type="checkbox"/> Rollo room Cha |

I cannot serve on the team but I am willing to support the weekend by (check all that apply):

- Praying for the weekend and calling Pilgrims at my Church for prayer palanca
- Helping with set-up or lunch for a team meeting
- Contributing palanca for the weekend
- Helping to set up the camp on the Thursday of the weekend
- Helping to organize the serenade for the weekend
- Helping to break down the camp on Sunday of the weekend
- Helping to plan or set-up for the Ultreya after the weekend
- Contributing to tax deductible Financial Aid (enclosed is my check for \$ _____)

SPECIAL TRAINING: Check any if applicable

EMT _____ Dr. _____ LPN _____ Sign Language _____
CPR _____ RN _____ Other _____ Bi-Lingual _____

Please send this application directly to the Rector of the weekend you would like to serve. You can find Rector addresses in the online directory at www.ncpilgrimage.org.

NOTE: It is very unlikely that all who apply can be assigned a position on a particular weekend, but the rector will prayerfully consider all applications.

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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Birth _____

Emergency contact(s):

_____ Phone: (____) _____

_____ Phone: (____) _____

Doctor: _____ Phone: (____) _____

I currently take the following medications (attach separate sheet, if needed):

Medicine	Dose	Time(s) of day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies (drug, food, etc.) _____

Pertinent medical information or other information you would like us to know:

Insurance Information (company, policy number)

Check any if applicable:

I have had medical/special training in the following area(s):

EMT _____ Dr. _____ LPN _____ Sign Language _____
CPR _____ RN _____ Other _____ Bi-Lingual _____

The information on this page is confidential. It will be destroyed at the close of the weekend.
Thank you for your cooperation.