

**EPIPHANY MINISTRY OF LOUISIANA**

**TEAM APPLICATION**

*"Manifesting God to People"*

Epiphany #15 March 20-22-2009

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Clergy Y N

Social Security # \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Church \_\_\_\_\_ Denomination \_\_\_\_\_

Email address \_\_\_\_\_

3 Day Weekend attended: Name \_\_\_\_\_

# \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_ State \_\_\_\_\_

Staff experience (mark all that apply) S=Street Weekend (Cursillo, Walk to Emmaus, Tres Dias, Happening, Chrysalis, etc.) E=Epiphany K=Kairos

Speaker ( ) Kitchen ( ) Music ( ) Coordinator/Set up ( ) Prayer Chapel ( )  
Agape/Palanca ( ) Recreation ( ) Rector/Lay Director ( ) Asst. Lay Director ( )  
Table Leader/ Asst. Table Leader ( ) Table Servant/ Cha Cha ( ) Spiritual Director/  
Assistant Spiritual Director ( ) Other (specify) \_\_\_\_\_

Willing to serve (check one): Inside OR Outside Youth Facility ( )  
Outside Youth Facility ONLY ( ) Inside Youth Facility ONLY ( )

Following information used only as necessary for clearance of application through the Department of Youth Services:

Have you ever been arrested or placed on probation or parole? \_\_\_\_\_ If yes, please give date(s) and explain: \_\_\_\_\_

**I agree to attend all the team meetings and carry out the responsibilities of an Epiphany team member as they have been explained to me. I agree to attend Epiphany follow-up meetings with the Stars a minimum of four times during the year following the weekend. I am actively involved in my local church.**

Applicant's signature \_\_\_\_\_

**PASTOR TO COMPLETE:** Name of church \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone number \_\_\_\_\_

The applicant is known to me and to the best of my knowledge leads an active Christian lifestyle and is a faithful member of the church/parish.

Pastor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**As a volunteer with the Louisiana Department of Juvenile Justice and Youth Services I will not knowingly solicit, receive, disclose, authorize nor make use of any records and/or information concerning any youth for which the Department provides care and services. Furthermore, I do hereby agree to abide by any and all facility rules and regulations as outlined during my orientation session, and any others that may be required. Having carefully considered the opportunities and responsibilities involved, I hereby offer my services as a volunteer in the Epiphany Ministry through the Louisiana Department of Services, I authorize any City, County, State or Federal Agency, Department or Bureau to release any information in their files under my name.**

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

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**This information is provided for those who have interest in serving on a team:**

To be eligible for a team, the applicant must:

- 1. be cleared by the State's Bureau of Investigation,
- 2. be approved by State's Department of Youth Services,
- 3. be actively involved in his/her local church,
- 4. be approved by the State Committee and the Lay Director
- 6. be living a Christian lifestyle.

[NOTE: None of these may be waived except by the Lay Director of the Weekend and one clergy person from the State Committee.]

The Weekend date for Epiphany #15 Swanson Youth Center in Monroe is **March 20-22, 2009.**

**Send applications to: Deborah Lynch  
412 Forest Circle  
Ruston, LA 71270**

Phone (318) 255-9787 (home)  
(318) 255-2211 (Grace Church office)  
(318) 255-2268 (FAX)

Email: [woldds@suddenlink.net](mailto:woldds@suddenlink.net)