

Observer Application
for a Mid America TEC weekend
Age 24 and up

Come Share the Experience

Praise

Community

Youth and Adults

Christ

Reflection

Prayer

Laughter

Singing

Friendship

THE MID AMERICA TEC WEEKEND

Where will it be held?	At various parishes around our Jefferson City diocese. Our dates and locations can be found at our web site www.midamericattec.com or call/text us at (805) 635-8323
When will the weekend begin?	Observers are allowed & encouraged to come Friday evening of the weekend 7:00 p.m. we would like for you to experience some of preparations taking place. Otherwise you may come when the Candidates arrive Saturday Morning at 9:00 a.m.
When will it be over?	Monday afternoon about 3-5:00 p.m.
Who can attend a TEC weekend?	Anyone of any denomination age 24 and up can attend as an “observer” especially those who are youth leaders in their church. Also anyone, entering their Junior Year of High School through age 23 can attend as a “candidate”.
What should I bring?	Casual clothing, towel, wash cloth, toiletries, sleeping bag, pillow, etc. and any musical instruments they play.

DO NOT BRING! **Watches, radios, boom boxes, MP3 player or Ipod, TV, beepers, or large sums of money.**

How much does it cost?	\$60.00 – covers, food and materials used on the weekend. You can save \$10 (\$50.00 fee) IF you send in your registration, with a \$20 deposit, postmarked <u>2 weeks prior</u> to the weekend of the retreat. If you complete the three-day weekend and feel that you didn't get anything from your TEC experience we will refund your entire fee.
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TO ATTEND FILL OUT YOUR APPLICATION, SEND IT TO OUR ADDRESS BELOW AND BE SURE TO INCLUDE A DEPOSIT OF \$20. WHEN YOUR APPLICATION IS RECEIVED A CONFIRMATION LETTER WITH FURTHER INFORMATION WILL BE SENT TO THE ADDRESS YOU PROVIDE. AS PART OF YOUR APPLICATION PROCESS, WE REQUIRE YOU TO ASK TWO PEOPLE WHO KNOW YOU TO SEND IN A REFERENCE LETTER ON YOUR BEHALF. THE REFERENCE FORMS AND A LETTER EXPLAINING IT ARE INCLUDED (BELOW) WITH THIS APPLICATION SET.

TEC is a Catholic retreat program that provides an experience in Christian living and is centered on the Paschal Mystery of Jesus presented through the lives of Christian believers. It is open to young people of any denomination.

In TEC you experience ... a fresh, different atmosphere away from home, school, work ... meeting other young people from other cities and schools ... reflecting and sharing with others and are given opportunity to look at yourself, your ideals, your hopes, your dreams, your challenges ... investigating God, a God you can believe in, encountering real Christ that is risen and alive in this world today!

Our TEC Center office is located at St. Andrew parish in Holts Summit, Missouri. Applications should be sent to our address below. Questions? Call or text (805) 635-8323. Email tecoffice@midamericattec.com

**MAIL YOUR APPLICATION FOR THE TEC WEEKEND YOU WISH TO ATTEND TO:
MID-AMERICA TEC // PO Box 832 // Jefferson City, MO 65101
(Go to www.midamericattec.com to find the dates and locations of our weekends)**

PLEASE BE SURE THE REFERENCE FORMS ARE COMPLETED & RETURNED BY ADULTS WHO HAVE KNOWN YOU LONGER THAN 1 YEAR

D	M	F	P	C	R	Q	A	T	F	G
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Mid-America TEC Observer Application

Directions: Please **PRINT CLEARLY**. Mail this application (both pages) and your \$20.00 deposit to:

Mid-America TEC
PO Box 832
Jefferson City, MO 65101

Make checks payable to Mid-America TEC

Your application and the two reference forms will be reviewed on a first come, first serve basis. So please do not delay in sending these in. You will receive further information when the TEC office has received your application. The dates, location and number of the TEC weekend can be found on our web site www.midamericatec.com

I am applying for TEC # _____ held on _____ at _____.

Name: _____ Gender: M F Date of Birth: ____/____/____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-Mail Address: _____ Marital Status: S M D Other

Faith Denomination: _____ Practicing Faith: Y N

Parish/Church: _____ Pastor/Minister: _____

Patron Saint: _____

Number of Children: _____ Ages: _____

Education (please circle): High School GED BA BS Masters PhD

College/Workplace attended: _____

Have you made a Cursillo? Yes____ No____ Have you made a Marriage Encounter? Yes____ No____

Please check the areas of involvement within your parish/campus:

- | | |
|--|--|
| <input type="checkbox"/> Weekly attendance at your parish/campus Sunday services | <input type="checkbox"/> Knights of Columbus |
| <input type="checkbox"/> CCD/CYO/Youth Group/Life Teen/etc. | <input type="checkbox"/> Altar Sodality |
| <input type="checkbox"/> TEC | <input type="checkbox"/> Parish Council |
| <input type="checkbox"/> Cursillo | <input type="checkbox"/> Lector |
| <input type="checkbox"/> REC | <input type="checkbox"/> Eucharistic Minister |
| <input type="checkbox"/> Marriage Encounter | <input type="checkbox"/> Music Minister (explain) _____ |
| <input type="checkbox"/> Engaged Encounter | <input type="checkbox"/> Diocesan Ministry Formation Classes |
| | <input type="checkbox"/> Other _____ |

Community Organizations: Please describe your involvement.

Please answer the following questions:

Do you play a musical instrument? If so, which one(s)?

Are members of your family involved in TEC? If yes, please name them.

Name two people you know (if any) who are involved in TEC (other than your family).

State in your own words why you wish to attend a TEC retreat:

Describe your current faith experience. Provide ways that you would like your faith to grow.

Medical Information:

Describe any allergies to medications or foods: _____

Medical problems or special circumstances (e.g. diet) we should be aware of: _____

Release of Information: I give Mid-America TEC permission to include my name, address, phone number, e-mail address and date of birth (excluding year) in the weekend roster to be printed for the weekend only, a group photo in the Catholic Missourian and in the Mid-America TEC Newsletter. Initial _____

Reference form #1, a self-addressed (TEC address) stamped envelope, given to: _____

Their Phone number: _____

Reference form #2, a self-addressed (TEC address) stamped envelope, given to: _____

Their Phone number: _____

TEC REFERENCE FORM #1 INSTRUCTIONS

Hello,

The person who has given you this form has applied to participate as an observer on a Mid America TEC weekend in the Diocese of Jefferson City, Missouri.

TEC is an experience in Christian living which has been designed especially for young people. It is an international program which has been in existence since 1965 and has been in our Diocese since 1977. The TEC Program is based on solid and up-to-date theological and psychological principals. The testimony of thousands of young people who have participated in the program gives ample and convincing evidence that the program touches the participants quite deeply and has a most positive influence on their lives.

In order that the TEC team may be able to deal personally and sympathetically with each participant, we ask that you fill out the reference form they have given you. Your comments, of course, will be kept in the strictest confidence.

We ask, too, that you pray for this young person that this TEC will be a positive influence in their life.

Should you have any questions or desire to know more about TEC, please feel free to contact the Mid America TEC office at (805) 635-8323 (call or text) or email tecoffice@midamericattec.com.

Thank you very much for your help.

Yours sincerely in Christ,

Bruce Mobley
Lay Director, Mid-America TEC

P.S. Please return the reference form (in the stamped envelope supplied by the person attending):
If they forgot to give you a SASE please send the reference form to:
Mid-America TEC
PO Box 832
Jefferson City, MO 65101

**Please send in this reference form as soon as possible.
This is part of the person's application and the TEC team needs it. Thank You.**

DO NOT give the reference form to the person applying for TEC weekend.

TEC OBSERVER REFERENCE FORM #1

NAME OF PERSON APPLYING FOR TEC _____

PLEASE CIRCLE THE APPROPRIATE DESCRIPTION OF THIS PERSON AND COMMENT AS DESIRED OR AS IS NECESSARY. YOU MAY CIRCLE MORE THAN ONE ITEM.

1. MY ACQUAINTANCE WITH THIS PERSON: Distant - Average - Close

2. MY RELATIONSHIP TO THIS PERSON IS:
Teacher/Student - Family - Friend - Employer/Employee
Counselor - Priest/Parishioner - CCD Teacher/Student
Other _____

3. THEIR AREAS OF LEADERSHIP:
Social - Parish - Community - Youth Group - Prayer Group
Other _____

4. MATURITY: Very Mature - Mature - Average - Immature

5. PSYCHOLOGICAL ADJUSTMENT:
Poorly Adjusted - Somewhat Adjusted - Average - Very Well Adjusted
Are there any problems of which you are aware?

6. RELATIONSHIP TO PEERS:
Loner - Very Quiet - Disliked - Average
Well Liked - Highly Respected - Domineering

7. RELATIONSHIP TO FAMILY:
(Please use your own judgment. Reply in a comment.)

8. PERCIEVED ATTITUDE TOWARD RELIGION:
Antagonistic - Indifferent - Confused - Positive - Enthusiastic
Over Pious - Don't Know - Other _____

9. THEIR RELATIONSHIP IN A DISCUSSION GROUP:
Quiet - Average Participant - Very Talkative - Domineering
Fair Discussion Leader - Good Discussion Leader

PLEASE make any comments which would help the TEC TEAM MEMBERS understand and deal sympathetically with the applicant – i.e. the home, personality, and attitudes toward life, doubts, difficulties and hopes. This is private for the Priest/Director use and will not be shared outside of the weekend.

YOUR NAME (ADULT FILLING OUT THIS FORM): _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ YOUR PHONE # _____

TEC REFERENCE FORM #2 INSTRUCTIONS

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Thank you very much for your help.

Yours sincerely in Christ,

Bruce Mobley
Lay Director, Mid-America TEC

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PO Box 832
Jefferson City, MO 65101

**Please send in this reference form as soon as possible.
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TEC OBSERVER REFERENCE FORM #2

NAME OF PERSON APPLYING FOR TEC _____

PLEASE CIRCLE THE APPROPRIATE DESCRIPTION OF THIS PERSON AND COMMENT AS DESIRED OR AS IS NECESSARY. YOU MAY CIRCLE MORE THAN ONE ITEM.

1. MY ACQUAINTANCE WITH THIS PERSON: Distant - Average - Close

2. MY RELATIONSHIP TO THIS PERSON IS:
Teacher/Student - Family - Friend - Employer/Employee
Counselor - Priest/Parishioner - CCD Teacher/Student
Other _____

3. THEIR AREAS OF LEADERSHIP:
Social - Parish - Community - Youth Group - Prayer Group
Other _____

4. MATURITY: Very Mature - Mature - Average - Immature

5. PSYCHOLOGICAL ADJUSTMENT:
Poorly Adjusted - Somewhat Adjusted - Average - Very Well Adjusted
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9. THEIR RELATIONSHIP IN A DISCUSSION GROUP:
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Fair Discussion Leader - Good Discussion Leader

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YOUR NAME (ADULT FILLING OUT THIS FORM): _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ YOUR PHONE # _____