



Application for Adult Sponsor

2007 weekend: April 27th through April 29th

Name: _____

Phone: (____) _____

E-mail: _____

Address: _____

Town: _____ Zip code: _____ T-shirt Size _____

Church: _____ Town: _____

Your Role:

Thank you for volunteering at New Beginnings! As an adult who is trustworthy, good at listening, faithful, honest, and loving, you will be a supportive presence at this Christ-centered youth retreat. Please be supportive and caring in every way so as to help foster Christian community. Please pray for the youth before, during and after the weekend. Please be a role model by following the group norms (as detailed below in the statement that all youth agree to and sign)

I understand that as a Christian community, we are all expected to treat each other with respect and dignity. The following group norms will allow each of us serving on the staff of New Beginnings, as well as those attending to have an enjoyable and meaningful weekend. I have read and I understand these non-negotiable rules. I realize that I may be not participate if I choose not to live by them. 1) I will not have in my possession or use alcohol, illegal drugs, or cigarettes; 2) I will not bring electronic devices like radios or video games; 3) I will stay in designated areas and attend all scheduled activities; 4) I will not leave the group without adult permission; 5) I will not engage in dating behavior; 6) I will be quiet after curfew; 7) my behavior will be positive and responsible; 8) I will help to build Christian community.

I also understand that I am responsible for finding prayer partners for the youth that I am sponsoring. Sponsors are expected to sleep in the same cabins as the youth

Priest's endorsement:

I promise to support _____ in her/his leadership role in New Beginnings. I will pray for her/him and keep our congregation informed about her/his service in this ministry to young people.

Priest's Signature: _____

Insurance Information:

Insurance Company and Policy Number: _____

Allergies: _____

Special medication/diet: _____

Signature: _____

- My congregation will contribute \$85 to the cost of my meals and lodging.
- I would like to contribute \$85 to the cost of my meals and lodging (please include check)
- I would like to participate in this ministry, but can not contribute financially.
- I am making a donation of \$_____ to help support New Beginnings in El Camino Real.

A word about money and ministry:

No one should have to pay in order to do ministry. Everyone should have the opportunity to give to support ministries with which they are involved. We ask adults to give that which is most precious: themselves and their time. If you are able to give financially as well, we give thanks. Above all, we value and are grateful for your presence, participation, and prayers.

Please send this application with all pertinent signatures and your check (payable to the Diocese of El Camino Real) to:

Desi and Mike Brown, 18208-B Hale Ave., Morgan Hill, CA 95037

The deadline for all applications is April 11th