

*PLEASE  
attach  
a photo of  
yourself  
here*

# STAFF APPLICATION

*PLEASE  
attach  
a copy of  
Insurance Card  
here*



*Please print or type:*

Name: \_\_\_\_\_ Name called by: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Address: \_\_\_\_\_ City St Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ e-mail: \_\_\_\_\_ Happening attended: # \_\_\_\_\_

Home church: \_\_\_\_\_ City: \_\_\_\_\_ Priest: \_\_\_\_\_

*Please answer the following questions; if you need more room, please write on the back of this form !*

1. In what area are you willing to serve at Happening?

Family Group Leader \_\_\_\_\_

Gofer \_\_\_\_\_

Musician \_\_\_\_\_

Prayer Warrior \_\_\_\_\_

Mom or Dad \_\_\_\_\_

Give a Talk \_\_\_\_\_

2. How are you active in your church and/or in diocesan activities?

3. What does Happening mean to you?

*You must have your parents fill out the following information and sign below.*

I hereby give my child permission to attend Happening as a staff member and authorize Jason Woodcock or any other attending adult to give medical treatment should the need arise.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency contact phone(s): \_\_\_\_\_

Insurance company and policy number: \_\_\_\_\_

*Please remember that we read each application carefully before choosing staff.*

*Attendance at the overnight staff-training weekend is required.*

*If accepted, staff must also pay the Happening registration fee of \$40.00.*

**Please complete and return to:**

Happening in Mississippi \* P.O. Box 23107 \* Jackson, MS 39225-3107

<http://www.happeninginmississippi.org>