

# HESED 19 RETREAT

SEPTEMBER 29TH-OCTOBER 1ST  
CAMP ROYALL, NEAR PITTSBORO, NC

Hesed Community,

We are starting to plan for our Hesed Retreat. If you are interested in being a servant to our guest during the upcoming Hesed #19 Retreat and desire to be on the team, please complete the 2017 Team Application by : **Sunday, May 14** and return to :

**Emily Sykes**  
**204 Hall Street**  
**Graham, N.C. 27253**

Due to our community being so large , everyone that applies for the team may not be chosen.

Mark your calendar with these important dates :

**1st Team Meeting June 10**

**2nd Team Meeting August 19**



# Hesed Retreat Team Application

Personal Information			
Name:	Nickname:	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		DOB:	
City/State/Zip:		Phone:	
Email:		Alternate Phone:	
Religious Affiliation			
Church Name:		Denomination:	
Address:		Phone:	
City/ State/Zip:		Pastor's Name:	
Emergency Contact			
Name:		Relationship:	
Address:		Phone:	
City/State/Zip:		Alternate Phone:	
Hesed Experience			
My previous Hesed experience: <input type="checkbox"/> Guest <input type="checkbox"/> Team Member			
Team Service			
I will serve God in any capacity but I would prefer to help on one of the following teams :			
Teams: <input type="checkbox"/> Activities <input type="checkbox"/> Agape <input type="checkbox"/> Chapel <input type="checkbox"/> Drama <input type="checkbox"/> Family Tables <input type="checkbox"/> Kitchen <input type="checkbox"/> Music <input type="checkbox"/> Outside <input type="checkbox"/> Props			
I would like to be considered for a leadership position on a future Hesed Retreat.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**MAIL Team Application to:** Emily Sykes, 204 Hall Street, Graham, NC 27253

# Hesed Retreat Team Application

## Special Needs

This information will be kept confidential to the Hesed Board and retreat medical personnel.

Check ALL conditions that apply to YOU:	Diet Restrictions <input type="checkbox"/> Diabetic <input type="checkbox"/> Gluten-Free
	Physical Limitations <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheel Chair
	Visual Impairment <input type="checkbox"/> Eye Glasses <input type="checkbox"/> Legally Blind <input type="checkbox"/> Contacts
	Speech Challenges <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Serious
	Hearing Loss <input type="checkbox"/> Hearing Aid
	Medication Use <input type="checkbox"/> Self-Managed <input type="checkbox"/> Meds Nurse
	Allergies <input type="checkbox"/> Food <input type="checkbox"/> Insect Bite <input type="checkbox"/> Medication
	Night Breathing <input type="checkbox"/> C-PAP Machine
	Bed Preference <input type="checkbox"/> Top Bunk <input type="checkbox"/> Bottom Bunk
	I am <b>willing</b> to sleep in a top bunk <b>and can physically climb</b> into and out of a top bunk. <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need help with bathroom, showering, or dressing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need a 24/7 Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Note: If you need a caregiver, one must accompany you on the retreat. Contact: LeAnn Wooten</i>	

If applicable, list your specific types of Allergies:

## Signature

Do we have **permission to use photos/videos** of you in publications for Hesed?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions

Because the Hesed Community has grown so large, not everyone who applies to be on the team can be chosen to serve each time. **If selected** you will be required to:

- 1) Complete a **medical form**,
- 2) Supply a copy of your medical **insurance card(s)** and
- 3) Send a check for **\$100** (made payable to Hesed Retreat).

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