



To work on a Chrysalis Team you must be at least 15 years of age and at least 10th grade; have attended a Walk to Emmaus or Chrysalis or another approved Cursillo based 3 day weekend and be willing to attend all required training and preparation meetings. If you are less than 18 years of age you must have a parent or legal guardian complete and sign this application with you. If you haven't attended one of these weekend experiences in the past, contact our community Lay Director to find out how, when and where you can.

A registration fee of \$25 must be received with the registration form and will be applied to the full fee of \$100 for each team member working the weekend (Full fees will be reduced to \$85 for early bird applications prior to the start of team formations). Family discounts are available for multiple family members from the same household. If you need financial assistance please contact the Community Lay Director to see if scholarship funds are available.

Please provide your personal information in the boxes provided below. Your address, email and phone numbers listed below will be included in a participant directory given out on the weekend. If you desire not to have these included, please place a check in the box provided next to it. *If you are age 18 & over you must provide Driver License and SSN which will be used for a criminal background check. By signing this application your will be agreeing to this background check.*

Emergency Contact, Insurance, Medication, Medical and Special Needs information are required if you are less than 18 years old. We strongly encourage those 18 years of age and older to include this information so that we can better prepare and serve you during this weekend. This information shall be reviewed only by approved representatives of the Chrysalis Board and Emergency Responders if the need arises. PLEASE PRINT LEGIBLY in the spaces below.

<u>APPLICANT PERSONAL INFORMATION</u>		<u>EMERGENCY CONTACT INFORMATION</u>	
Applicants Full Legal Name		Parent Name(s) Or	
Name you want on Name Badge		Name of Legal Guardian(s)	
Date of Birth (mm/dd/yy)		Street Address	
Gender (Male – Female)		City	
Place a "x" in the box to the left of those items below that <u>you do not want</u> included in the participant directory.		State	
<input type="checkbox"/>	Street Address	Zip	
<input type="checkbox"/>	City	Home Phone	
<input type="checkbox"/>	State	Cell Phone	
<input type="checkbox"/>	Zip	Work Phone	
<input type="checkbox"/>	Email	Other Phone	
<input type="checkbox"/>	Home Phone	Drivers License #	
<input type="checkbox"/>	Cell Phone	Social Security #	
<u>SCHOOL & CHURCH AFFILIATIONS</u>		<u>INSURANCE INFORMATION</u>	
Name of School you attend		Insured Company	
City where you attend school		Policy #	
Church Name where you attend		Policy Holder Name	
Pastor's Name		Policy Hold ID #	
Pastor's Phone Number		Policy Holder Phone	
List the School, Community & Church Organizations that you are involved in.			
State briefly why you are interested in working on a Chrysalis Team.			



Medical Information & Special Procedure Requests	
Applicants Name	
Weekend Dates	
<u>Special or restricted dietary needs:</u> List food and drink restrictions or preferences. (ie: Diabetic diet, Low Sodium, Sugar Free, Vegetarian, etc.)	
List the <u>prescription medications</u> being taken. (Name of Medication, Dosage & Times of Administration for each)	
List the <u>over the counter medications</u> being taken. (List the Name, Dosage & Times of Administration for each.)	
List the <u>conditions</u> for which these medications are being administered and/or potential conditions or reactions we need to be aware of. (ie: Allergies, Seizures, Blackouts, Blood Pressure, Diabetes, etc)	
List other <u>special conditions, equipment or procedures needed.</u> (Wheel Chair, Respiratory Equipment, Limitations on physical excursion, etc.? Please explain.	
List your <u>Health Care Provider</u> – Physician’s Name & Phone Number	

Special Health Care procedures and medications may be administered at the camp by Chrysalis representatives or by the Attendee when such treatment is necessary for camp attendance and cannot otherwise be administered. All prescription medications must be in their original container and the RX label attached showing the Patients Name, administration instructions as well as all other RX labeling requirements. All non-prescription medications brought to the camp must be in their original container with original administration labeling. The completed form shall used at the campground by authorized Chrysalis Representatives and Emergency Responders as needed during the weekend. Although this information will be treated as confidential, Chrysalis Representatives may consult with the Health Care Provider listed above as well as Emergency Responders should the need arise.

ONE of the two boxes below must contain an “X” by a parent or guardian for applicants less than 18 years of age.

	<p>← By placing an “X” in the box to the left and signing below, I (We) the undersigned parent(s) or legal guardian(s) <u>are authorizing self administration of all medications and special procedures by our child</u> during this weekend event and release Chrysalis and it’s representatives of any liability, as a result of any injury arising from the self administration of these medications or special procedures. We also hereby confirm that all the required medications, equipment and procedures that the applicant will be self administering have been included in the above sections.</p>
	<p>← By placing an “X” in the box to the left and signing below, I (We) the undersigned parent(s) or legal guardian(s) <u>authorize that of all medications and special procedures be administered by a Chrysalis Representative</u> during this weekend event and hereby confirm that all the required medications, equipment and procedures that are to be administered have been included in the above sections.</p>
Parent(s) or Legal Guardian(s) Signature(s) & Date:	
I agree to inform Chrysalis Representatives at check –in time on the weekend of any changes to the above information. If I am less than 18 years of age, I also agree to abide by the administration authorizations indicated above.	
Applicants Signature & Date:	



Chrysalis Team Selection Self Assessment – Volunteer Sheet	
Name of Applicant	
Please place an "X" in the box by the statements below that best describes your characteristics and/or skills. This information will be used by the Team Selection Committee and the Weekend Lay Director in forming the team.	
<input type="checkbox"/>	I have strong leadership skills and am willing to take on leadership roles.
<input type="checkbox"/>	I would like to be a team member in the conference room.
<input type="checkbox"/>	I would prefer to stay behind the scene as a member of one of the support teams.
<input type="checkbox"/>	I am extroverted and easily make new friends.
<input type="checkbox"/>	I am neither extroverted or introverted but willing to make new friends.
<input type="checkbox"/>	I am introverted and find making new friends challenging
<input type="checkbox"/>	I am confident in my abilities and willing to help others.
<input type="checkbox"/>	I am willing to listen to others and learn from them.
<input type="checkbox"/>	I am comfortable sharing in groups including teenagers.
<input type="checkbox"/>	I am comfortable sharing in groups including adults.
<input type="checkbox"/>	I am a Team Player and not domineering or disruptive.
<input type="checkbox"/>	I am willing to give a Talk. I have given the following talks on previous weekends.
<input type="checkbox"/>	I am willing to hold a leadership role on the team. I have held the following leadership positions.
<input type="checkbox"/>	I am talented musically would be willing to be on the music team. Please state if you are an instrumentalist and what instrument. Please state If you are a vocalist and would you be willing to lead music.
<input type="checkbox"/>	I am talented artistically and would be willing to be part of a mime, skit , poster or other presentation activities. Please state your previous experiences.
<input type="checkbox"/>	I am qualified in food safety and would be willing to oversee and/or critique food prep safety. (This does not mean that you would be the Head Cook but you could meet the state requirements for overseeing Food Safety.)
<input type="checkbox"/>	I am a Doctor, Nurse, EMT or Medically Trained Responder and willing to help assess needs and administer treatments on the weekend or on an on call basis as a support role. Please state your qualifications.
<input type="checkbox"/>	I am a qualified Clergy and willing to serve in a Spiritual Director position on the Team. Please state if you have served before.
<input checked="" type="checkbox"/>	I AM WILLING TO BE A SERVANT OF GOD..... TO SERVE SELFLESSLY....REACHING OUT TO THOSE IN NEED.... SHARING WITH OTHERS WHAT GIFTS GOD HAS GIVEN TO ME.... WILLING TO SERVE IN WHATEVER CAPACITY THE TEAM NEEDS ME IN..... SERVING OTHERS SO THAT THEY MAY KNOW GOD THROUGH OUR ACTS OF AGAPE!
Your Signature →	
Date:	

***Therefore, if anyone is in Christ he is a new creation; the old has gone, the new has come! --- II Corinthians 5:17
Thanks for your support of the Chrysalis Experience.....Please check periodically for revised applications forms.***