



2 Cor. 5:17 Therefore, if anyone is in Christ, he is a new creation, the old has passed away, behold the new has come.

**CHRYSALIS TEAM APPLICATION FORM
(PLEASE PRINT)**

NAME _____ CHURCH _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

AGE _____ DATE OF BIRTH _____ HOME PHONE _____ GENDER _____

E-MAIL ADDRESS _____ WORK PHONE _____

NUMBER AND DATE OF FLIGHT YOU WISH TO SERVE _____ T-SHIRT SIZE _____

DUTY ASSIGNMENT PREFERENCE _____

IF YOU SERVE IN THE CONFERENCE ROOM, ARE YOU AWARE YOU MAY BE REQUESTED TO GIVE A TALK? YES () NO ()

ARE YOU WILLING TO GIVE A TALK. YES () NO () ANY SPECIAL TALENTS (I.E....MUSIC,ACTING) _____

_____ ANY LIMITATIONS _____

PAST TEAM EXPERIENCE _____

IF YOU HAVE GIVEN A TALK, WHICH ONE: _____

NAME, DATE, AND LOCATION OF YOUR FLIGHT/HAPPENING/WALK _____

ACTIVE IN A YOUTH GROUP: (Y) (N) NAME _____

WHAT MINISTRIES HAVE YOU SERVED IN: (I.E. RIVER OF LIFE, LOCAL CHURCH MINISTRIES, COLUMBIA COUNTY CARES, SOUP KITCHEN) _____

ARE YOU IN A WEEKLY REUNION/PRAYER/ACCOUNTIBILTIY GROUP? _____

WHEN AND WHERE DO YOU MEET _____

ARE YOU ACTIVE IN A MONTHLY CHRISTIAN GATHERING _____

I UNDERSTAND THAT THE LAY DIRECTOR FOR EACH WEEKEND AND THE CHRYSALIS BOARD OF DIRECTORS WILL SELECT THE TEAM MEMBERS PRAYERFULLY FROM ALL OF THE APPLICATIONS RECEIVED. I ALSO UNDERSTAND THAT BY SIGNING I AM **MAKING A COMMITMENT TO SERVE WITHOUT RESERVATION AND WILL ATTEND ALL TRAINING/TEAM MEETINGS, AS SCHEDULED. THE COST TO SERVE ON THE FLIGHT IS \$75.00**

SIGNATURE

DATE

PERMISSION SLIP ON BACK

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by telephone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. We further do hereby release and discharge Chrysalis, its board and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from and at this event.

Parent/Guardian Signature _____ Date _____

Home Telephone Number _____

Work Telephone Number _____

MAIL TO:
GA-Lina Chrysalis
Debbie Newton
4458 Cape Cod Drive
Evans, GA 30809
706-650-2019