



# Application to Serve on a Team – Adult

Send completed  
Application to:

Emmaus/Chrysalis Team Selection  
P.O. Box #58  
Endicott, N.Y. 13761-0058



Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ May we call you at work? YES NO  
Home Phone Number Work Phone Number

e-Mail Address \_\_\_\_\_ Please indicate your involvement in your home church \_\_\_\_\_

Name and Denomination of the Church you attend \_\_\_\_\_ Pastor's name \_\_\_\_\_ Pastor's Phone # \_\_\_\_\_

When/Where was your Emmaus/Chrysalis weekend? \_\_\_\_\_ Your Walk/Flight Number \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Your Walk/Flight Table Leader \_\_\_\_\_

## All Team Experience (Add a sheet if needed and indicate Emmaus/Chrysalis, etc.)

Walk/Flight #      Job Held      Talk Given      Comments

- \_\_\_\_\_
- \_\_\_\_\_

## Other Activities In Which You Have Been Involved

- Regularly Attend Reunion/Next Steps Group       Prepared any Agape       Sponsored a Pilgrim/Caterpillar
- Attended Gatherings/Hoots       Attended Candlelights       Board Committee \_\_\_\_\_
- Attended a Chrysalis Clowning Workshop       Attended Closings       Other \_\_\_\_\_

**Gifts and Graces**—Please check all the following Gifts you believe God has graced you with. Keep in mind that no individual needs to have all of God's gifts. Collectively, as the Body of Christ, we will serve as a team.

- Pray publicly       Good listener       Could give a talk       Good marriage
- Pray with another       Lead a group       Like to sing       I'm comfortable in my singleness
- Offer encouragement       Good organizer       Lead music
- Play a musical instrument well enough to accompany a group?      What instrument(s)? \_\_\_\_\_

## Team Roles

Please put an X after all those roles which interest you. If you wish, you may rank your preference from 1 (highest) to 5 (lowest). Remember that depending on the needs of the team, and the discernment of the team selection committee with the leading of the Holy Spirit, you may be asked to serve in a role other than the one(s) you have indicated.

Emmaus \_\_\_\_\_, Chrysalis \_\_\_\_\_, Asst. Table Leader \_\_\_\_\_, Table Leader \_\_\_\_\_, Music \_\_\_\_\_, Nurse \_\_\_\_\_, Kitchen \_\_\_\_\_, Background \_\_\_\_\_, Clown \_\_\_\_\_, Assistant Lay Director \_\_\_\_\_

## Authorization/Release

I DO HEREBY RELEASE Wyoming Conference and its Chrysalis and Emmaus Communities from any and all damage or injuries that occur under reasonable supervision and care.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Applicant** — Please read and initial each of the statements below:

I am actively pursuing a life in piety by prayer, study, and Christian action. After prayerful consideration I would like to serve God by being a member of an Emmaus/Chrysalis team in whatever capacity I am asked. Applicant: \_\_\_\_\_

I commit to attend all team meetings (usually 25-30 hours total), bring food Agape, and pray for Pilgrims/Caterpillars and Team Members. Applicant: \_\_\_\_\_

I understand that the Emmaus/Chrysalis Boards are responsible for ensuring the safety and perception of safety for the weekend. I have never abused children, been accused of or prosecuted for abusing children. Applicant: \_\_\_\_\_

I understand that team members are responsible for their expenses for the weekend, currently \$155.\* Applicant: \_\_\_\_\_

**\*If you will have difficulty paying for the weekend, contact your local church to see if you, as a team member, can receive assistance from them to support you in this ministry.**

**Emergency Contact**

\_\_\_\_\_  
Name Relationship ( )  
home/work phone number

**Medical/Dietary Information**

Please list any medical conditions, complications, special accommodations, or allergies that we should be aware of. At the time of the weekend, you will be asked to let the person in charge of medications know about any prescription medication which you are taking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize emergency medical treatment for myself by a qualified caregiver in the event I cannot consent. I authorize hospital/caregivers to release any information to any insurance companies or agencies that may apply.

Applicant: \_\_\_\_\_

**Applicant Health Insurance Information**

Policy Holder Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Christian References** - Please list three Christian references who have known you for at least three years.

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

Send to: Emmaus/Chrysalis Team Selection  
Wyoming Annual Conference Center  
P.O. Box 58  
Endicott, N.Y. 13761-0058

*Thank you for submitting this application. Applicants will be selected as best meets the needs to develop leadership in the Wyoming Conference Emmaus/Chrysalis Community*