

## Northern California/Nevada Chrysalis Team Application

*Note: Family members of the participant are strongly encouraged to not work the weekend of that youth's flight.*

PLEASE PRINT: If additional space is required, please use another sheet of paper.

Date of the Chrysalis Team for which you are making application:

**Team applications are for one weekend only.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please check the appropriate box:     Mr.     Mrs.     Ms.     Miss     Rev.

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    )    Work: (    )    Best Time to Call: \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Where and when did you attend your first Chrysalis/Emmaus weekend?

**Prior Emmaus/Chrysalis Team Experience** - Please list weekend numbers / date if possible (otherwise mark with X)

Kitchen Worker	<input type="checkbox"/>	Head Musician	<input type="checkbox"/>	Spiritual Director	<input type="checkbox"/>
Kitchen Chief	<input type="checkbox"/>	Musician	<input type="checkbox"/>	Asst. Spirit Dir.	<input type="checkbox"/>
Table Leader	<input type="checkbox"/>	Agape Team	<input type="checkbox"/>	Lay Director	<input type="checkbox"/>
Asst. Table Ldr.	<input type="checkbox"/>	Agape Chief	<input type="checkbox"/>	ALD	<input type="checkbox"/>
Speaker	<input type="checkbox"/>	Love Team	<input type="checkbox"/>	Logistics	<input type="checkbox"/>
Snacks	<input type="checkbox"/>	Decorations	<input type="checkbox"/>	Candlelight Dinner	<input type="checkbox"/>

If you have given a talk, please state which one(s) and when:

Would you like to serve as a musician?    Which instrument(s)?

**Clergy:** Would you prefer to serve as:    Spiritual Director     Regular Team     Wherever needed

If you require a special diet or have any special medical condition, please tell us now so we can make appropriate plans:

Why do you want to work: \_\_\_\_\_

What would you like to do: \_\_\_\_\_

*Team assignments are made on the basis of "team needs".*

*If you will not accept any assignment, please pray about why you are making an application.*

**Team Member Expectations:** As a team member, you will be expected to support the weekend with your prayer, your time, your talents, and some of your treasure: **\$75** if working in the conference room and attending team meeting and **\$55** for background team members or **\$5** per meal. (A limited amount of financial support is available for team members who would find the financial obligation difficult to meet. If you desire assistance in this area, contact the Lay Director of the weekend you are applying for.) In conformance with Chrysalis policy, if you are 18 or older, a background check may be performed prior to your service.

I recognize and affirm Jesus Christ as my Personal Lord and Savior and have made a real commitment to direct my life to God. I am fully committed to pray for the Participants and the Team.

**INSURANCE INFORMATION** (to be provided by all adult and youth team members):

Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Date

Signature of Applicant

*(if under 18 years of age, must have permission sheet on next page completed by parent/guardian)*

Please return application as soon as possible to:

**Ellen Thomas, 5168 Valley Hi Drive, Sun Valley NV 89433**

**775-673-1443**

**btluvset@nvbell.net**

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

\_\_\_\_\_ has my/our permission to attend the Chrysalis weekend.  
In the event of emergency my authorization for emergency treatment is provided below.

I (we) the undersigned parent(s) or guardian(s) of \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the medicine practice act or a dentist licensed under the provisions of the dental practice act, or the staff of any acute general hospital holding a current license from the state of California, Department of Public Health, to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

THIS CONSENT SHALL REMAIN IN EFFECT UNTIL (DATE)\* \_\_\_\_\_  
\* ASSUMED EFFECTIVE FOR ONE YEAR FROM DATE OF SIGNATURE  
BELOW UNLESS OTHERWISE SPECIFIED)

**SIGNATURES OF PARENT(S) OR GUARDIAN(S):**

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

In the event that your child must return home before the weekend is over, or in case of a medical emergency, please provide telephone numbers where you can be reached during the weekend:

Phone: \_\_\_\_\_ or \_\_\_\_\_

*Please list any restrictions, allergies, medications being taken, medical problems, special diet, physical or health limitations or other pertinent information so that appropriate arrangements can be made:*

*Recent stresses in child's life that would affect his/her participation:*