

2010 CHRYSALIS TEAM APPLICATION

and Volunteer Background Investigation Consent

___GIRL'S FLIGHT 69	Jan 14 - 17, 2011	1st United Methodist, Colo. Springs	\$75
___BOY'S FLIGHT 70	Feb 18 - 21, 2011	1st United Methodist, Colo. Springs	\$75

Team volunteers are to complete all relevant information, sign and date the form. Please print legibly.
All information will be held in confidence and secured with the Board of Representatives to Chrysalis of the Rockies.

I, _____ authorize Chrysalis of the Rockies and/or its agents to make an independent investigation of my background, references, character, criminal or police records, and motor vehicle records for the purpose of confirming the information contained on my application which may be material to my qualifications. I release Chrysalis of the Rockies and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above references sources used. All information will be confidential.

Full Name (printed) _____

Maiden Name or other Names Used _____

Current Address: _____

City _____ State _____ zip _____ How long at current address? _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____

Email Address _____ Date of Birth _____ Grade in School (if applicable) _____

Social Security Number _____ State & Driver's License Number _____

Date, Location & Flight or Walk Number _____

Home Church _____ Pastors Name _____

Have you served on previous Chrysalis / Emmaus Teams? _____ If yes, what areas have you served? _____

Please indicate what position / role you would like to serve on this team and/or in the future:

Any particular talents or interests? _____

**** IMPORTANT INFORMATION ~ PLEASE READ BEFORE YOU SIGN ****

For ALL Chrysalis/Journey events you must make and keep a commitment to about 20 hours of team preparation prior to the "Chrysalis" weekend and **will attend the follow up HOOT** \$5.00 of your team fees will be used to offset the cost of the HOOT. Please do not accept an invitation to work on a particular date unless you can recognize this commitment as a high priority in your life and in the lives of those depending on you. Neither should you accept an invitation if you do not have the time and personal dedication to attend the required meetings prior to the "Chrysalis" weekend. *Team fees need to be paid in advance of the Chrysalis weekend.*

I HAVE READ THE ABOVE AGREEMENT AND I AM COMMITTED TO SERVING AS A TEAM MEMBER ON A CHRYSALIS WEEKEND!

Signature of Volunteer _____

Date _____

****IMPORTANT!!****

MUST BE FILLED OUT BY ALL PARTICIPANTS

Name of Volunteer _____

Please list any special dietary needs, i.e. vegetarian, diabetic, allergies, etc. _____

Please list any special needs, i.e. allergies, physical limitations, medications taken, health problems or handicap facilities required

Insurance Company Name: _____

Insurance Phone # _____ Policy # _____ Group # _____

Primary Physician _____ Phone # _____

Address _____

Who to contact in case of emergency:

Name _____ Home # _____

Work # _____ Cell # _____

If the above cannot be reached, call _____ Relationship _____

Home # _____ Cell # _____

***IF UNDER 18 YEARS OLD, COMPLETE BELOW

_____ has my permission to serve on the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being. I agree to accept financial responsibility for any medical care that my child receives.

Parent/Guardian's Signature _____ Date _____

PLEASE MAIL TO:
Chrysalis Team Selection
c/o Penny Smith
2594 S Johnson Ct
Lakewood, CO 80227