

Cradle Chrysalis Community

Team Member Application 2016

This is a digital form. Please type in the fields and mark the appropriate check boxes before you print the form. This form cannot be saved with information filled in. Boxes that require a signature after printing are marked in red. Submission information is at the bottom of this page.

To be completed by team member:

Full name:	Sex: <input type="checkbox"/> M or <input type="checkbox"/> F	
Home address:	City, state, zip:	
Home phone:	Cell Phone:	
Date of birth:	Age:	Grade in school:
Name of school:	Email:	
Name of church:	Pastor's name:	
Church address:	City, state, zip:	

I attended Weekend # _____ which was a:
 Chrysalis Flight/Journey Walk to Emmaus Other _____
on _____ at _____
(date) (location)

In the spaces below, please list all previous team experience including Chrysalis, Emmaus, Kairos, Epiphany, or other experience. Attach an additional sheet if necessary.

Name/Number	Date	Location	Position	Talk Given

List all church youth work experience (if applicable):

Are you attending a Reunion Group regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Day and Location: _____
Will you commit to attending all Chrysalis team meetings for any team you agree to serve? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you commit to be present throughout the entire 72-hour weekend? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you commit to serve in whatever position you are asked to serve? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Team member's signature (required):

Important! Please read! The medical release attached to or on the reverse side of this application is required. Applications for team members under the age of 18 require a parent or guardian signature. **Please send a copy of your insurance card with your application. Team member fee for the weekend is \$150.00 and is due at the time of team service. Please do not mail your \$150.00 with this form.**

Mail completed team application to:
Cradle Chrysalis Community, P.O. Box 3312, Lake Jackson, TX 77566

Cradle Chrysalis Community
Team Member Medical Authorization

To be completed by parent or guardian of candidate under 18 years of age

I am the parent/guardian of _____, who has my permission to attend the Chrysalis weekend beginning _____ and ending _____
During this time I can be reached at the following phone number: _____
Address: _____

Please list any allergies your child may have: _____
Other pertinent health information: _____

Is your child taking any special medication? Yes No Date of last tetnus shot: _____
(If taking special medication, please send it in original prescription container, labeled with instructions and contents.)

Doctor's name: _____ Doctor's phone number: _____

I understand that my child will be in the care of Chrysalis adult team members. In case of emergency, and I cannot be contacted, I hereby authorize any medical treatment that may necessary to be administered to my child, the cost of which I will be responsible for.

Signature of parent/guardian: _____ **Date:** _____

To be completed by a candidate 18 years of age or older

In case of emergency, please contact: _____ Relation to candidate: _____
Address: _____ Phone number: _____

Medical insurance information:
Insurance company name: _____ Phone number: _____
Policy number: _____

I hereby authorize any medical treatment that may be necessary to be administered, the cost of which I will be responsible for:

Signature of candidate: _____ **Date:** _____
Please print your name: _____

**Please send in a copy of your
insurance card with this form.**