

# Cradle Chrysalis Community

## Team Member Application 2017

**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:		
<input type="checkbox"/> Chrysalis Flight/Journey	<input type="checkbox"/> Walk to Emmaus	<input type="checkbox"/> Other _____
on _____ (date)	at _____ (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):	
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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 \$170.00 and is due at the time of team service. Please do not mail your \$170.00 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.**