



El Shaddai Chrysalis Community
 San Bernardino and Riverside Counties
 PO Box 12081 San Bernardino, CA 92423

El Shaddai Chrysalis Team Application

All information included in this application is for private use only by the El Shaddai Chrysalis/Emmaus Board of Directors

Please print or type unless otherwise noted - Fill in both sides completely

Male / Female (circle one) Applying as: Adult ____ Youth ____ Girls Flight ____ Boys Flight ____

Name: _____ Home Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Church: _____

Religious Community Organizations you are involved in: _____

When and where was your Chrysalis/Emmaus weekend? _____

Have you ever worked on team before? _____ Chrysalis ____ Emmaus ____

State briefly why you want to work the Chrysalis flight _____

What would you be willing to do on a Chrysalis weekend: (kitchen, talk room, table leader, give a talk, agape, musician, logistics, prayer coordinator) _____

Please indicate talks you have given and positions that you have served in on previous weekends, including Emmaus. Please mark with the number of times the talk was given or position was held.

Chrysalis Talks:	Emmaus Talks:	Chrysalis Positions:	Emmaus Positions:
<input type="checkbox"/> Ideals	<input type="checkbox"/> Priorities	<input type="checkbox"/> Lay Director	<input type="checkbox"/> Lay Director
<input type="checkbox"/> God Designed You	<input type="checkbox"/> Prevenient Grace	<input type="checkbox"/> Adult Asst. Lay Director	<input type="checkbox"/> Asst. Lay Director
<input type="checkbox"/> Faith	<input type="checkbox"/> Priesthood of all Believers	<input type="checkbox"/> Youth Asst. Lay Director	<input type="checkbox"/> Head Spiritual Director
<input type="checkbox"/> God Loves You,	<input type="checkbox"/> Justifying Grace	<input type="checkbox"/> Head Spiritual Director	<input type="checkbox"/> Spiritual Director
<input type="checkbox"/> Prodigal Son	<input type="checkbox"/> Life in Piety	<input type="checkbox"/> Spiritual Director	<input type="checkbox"/> Head Table Leader
<input type="checkbox"/> Communication	<input type="checkbox"/> Growth Through Study	<input type="checkbox"/> Head Table Leader	<input type="checkbox"/> Table Leader
<input type="checkbox"/> Christian Growth	<input type="checkbox"/> Means of Grace	<input type="checkbox"/> Table Leader	<input type="checkbox"/> Head Musician
<input type="checkbox"/> God's Gift to You	<input type="checkbox"/> Christian Action	<input type="checkbox"/> Head Musician	<input type="checkbox"/> Musician
<input type="checkbox"/> Marriage	<input type="checkbox"/> Obstacles to Grace	<input type="checkbox"/> Musician	<input type="checkbox"/> Head Cook
<input type="checkbox"/> God Sustains You	<input type="checkbox"/> Discipleship	<input type="checkbox"/> Kitchen Coordinator	<input type="checkbox"/> Asst. Head Cook
<input type="checkbox"/> Christian Action	<input type="checkbox"/> Changing our World	<input type="checkbox"/> Asst. Kitchen Coordinator	<input type="checkbox"/> Cook
<input type="checkbox"/> Single Life	<input type="checkbox"/> Sanctifying Grace	<input type="checkbox"/> Cook	<input type="checkbox"/> Head Agape
<input type="checkbox"/> God Empowers Us	<input type="checkbox"/> Body of Christ	<input type="checkbox"/> Logistics Coordinator Y/A	<input type="checkbox"/> Agape
<input type="checkbox"/> Priesthood of Believers	<input type="checkbox"/> Perseverance	<input type="checkbox"/> Agape Coordinator Y/A	<input type="checkbox"/> Angel
<input type="checkbox"/> Next Steps	<input type="checkbox"/> Fourth Day	<input type="checkbox"/> Agape	<input type="checkbox"/> Board Representative
		<input type="checkbox"/> Prayer Coordinator Y/A	
		<input type="checkbox"/> Candlelight Dinner Server	
		<input type="checkbox"/> Head Angel	
		<input type="checkbox"/> Board Representative	

Emergency Contacts

In the event that a team member must return home before the weekend is over, or in case of a medical emergency, please provide parent/guardian telephone numbers where they can be reached throughout the three days:

Phone: (____) _____ Cell phone: (____) _____ Pager: (____) _____

All applicants please provide the name and number of an adult emergency contact:

Name of person(s) being called: _____ Relationship to applicant _____

Phone: (____) _____ Cell phone: (____) _____ Pager: (____) _____

Emergency Treatment Authorization

(to be completed by parents of team applicants under 18)

I/We the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize and consent to any x-ray(s), examination(s), anesthetic(s), medical and/or surgical diagnosis and/or treatment(s) rendered under the provisions of the Medical Practice Act and/or Dentist licensed under the provisions of the Dental Practice Act and/or the staff on any acute and/or 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 and all specific diagnosis, treatment(s), and/or Hospital care being required, but given to provide authorization and power to render care, which the aforementioned Physician, in the exercise of their best judgement is understood, may deem advisable. It is understood that efforts will be made to contact the undersigned prior to rendering treatment(s) to the patient, but that ANY of the above treatment(s) will not be withheld if the undersigned cannot be reached. This authorization is given pursuant of section 25.8 of the Civil Code of California.

List any/all restrictions: _____

Signature of Parent(s) or Guardian(s): _____ Date: _____

Phone: (_____) _____ Cell phone: (_____) _____ Pager: (_____) _____

Name of Parent or Guardian (please print): _____

This consent will remain in affect for one calendar year from signature date.

Medical/Other Information

Please list any/all allergies, and/or medications currently being taken and/or medical problems, and/or special diet, and/or pertinent medical and/or other information: _____

Required Signatures/Information

Team Applicants under age 18 must have a parent/guardian signature on application

(Applicant's name) _____ has my permission to participate as a team member for the El Shaddai Chrysalis weekend. In the event of an emergency, my authorization for treatment is provided above.

Parent/Guardian Signature _____ Date: _____

All Team Applicants must complete the following

Have you ever been convicted of or are you presently under investigation for a felony, child abuse, molestation or neglect? Yes _____ No _____ If yes, a Chrysalis Board member will contact you for further information.

I understand that the El Shaddai Chrysalis Community has a zero tolerance drug and alcohol policy and will not allow underage smoking, or drinking, or any illegal drug use during the weekend. Any team member violating this policy will be sent home early. Applicant Initials _____ Parent Initials (under 18) _____

I agree that if I am selected to be on the team, I will attend every team training and be present at the Chrysalis Flight for the entire weekend, with the exception of emergencies. I understand that I may be dropped from the team if I cannot fulfill this commitment.

Applicant's Signature: _____ Date: _____

Team Information

- ❖ A \$15 deposit is requested with this application. This will be applied to the \$55 donation requested to offset the cost of the weekend.
- ❖ Make checks payable to: El Shaddai Chrysalis
- ❖ Mail application and payment to: El Shaddai Chrysalis Registrar

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(Team app. rev. 5/04)