

# 2010 CHRYSALIS TEAM APPLICATION

## *and Volunteer Background Investigation Consent*

___BOY'S FLIGHT 68	June 10-13, 2010	Ecumenical Church of Pueblo West	\$75.00
___GIRL'S FLIGHT 69	July 29-Aug 1, 2010	John Wesley Ranch - Divide	\$100.00
___GIRL'S FLIGHT 70	January 15-17, 2011	TBD	\$TBD
___BOY'S FLIGHT 71	February 19-21, 2011	TBD	\$TBD

\*\*\*\*\*

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 on August 14th, 2010 from 1:00 to 3:30 pm at 1st United Methodist--Colorado Springs.** \$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

Rev. 03/09