

CHRYSALIS TEAM – WORK REQUEST

Hoosier Hills Chrysalis Community

CHRYSALIS FLIGHT / JOURNEY

Application for Flight/Journey # _____ : _____ / _____

(Submit an application for each flight. Please indicate Month/Year)

PLEASE INDICATE

AGE CATEGORY AND

YOUR CURRENT AGE:

I am a Youth (15-18 / in High School) _____

I am a Young Adult (18-24 / Out of High School) _____

I am an Adult – but young at heart (Over 24) _____

Team Fees are \$100.00 – Payable at team meetings – Must be paid before flight

PERSONAL HISTORY

Name: _____

Phone Number: _____

Address: _____

E-Mail Address: _____

Birth Date: _____ / _____ / _____

City/State/Zip: _____

Current Grade:

High School (10,11 12) _____

College Year: _____

(Freshman, Sophomore, Junior, Senior)

Your Chrysalis/Emmaus Community: _____

Your Flight / Journey / Walk Number: _____

When & Where: _____

Your Church: _____

Other School, _____

Address: _____

Religious, or _____

Community _____

City/State/Zip: _____

Organization in _____

Phone Number: _____

Which You Are Active _____

Pastor's Name: _____

WORK INFORMATION

Have you served on past teams, and in what capacities?: _____

Why do you want to work on this team? _____

Mark all team positions you would be willing to work?

_____ Table Leader

_____ Kitchen

_____ Asst. Table Leader

_____ Go-Fer

_____ Vocal Music

_____ Instrumental Music

Please include additional information that would help us accurately consider your request. (ie. Medical Dietary needs, medication or health needs, physical limitations, etc.) _____

APPLICANT'S SIGNATURE _____

Date: _____

REFERRAL: PLEASE MAIL COMPLETED FORM TO REGISTRAR AT ADDRESS BELOW

This section must be filled out and mailed by your PASTOR, YOUTH MINISTER or CHURCH TEACHER. (This is not to be filled out by the applicant or a parent.) This section will help us place you in the most beneficial area. The Chrysalis officials will keep this information in STRICT CONFIDENCE! This section must be completed in order for you to be included on the flight / journey!

REFERENCE:

Your Name: _____ Applicant's Name: _____
Address: _____ Relationship to Applicant: _____
City/ST/Zip: _____ How Long have you known the applicant? _____
Home Phone No: _____
Work Phone No: _____
E-Mail: _____

Please circle the appropriate adjective, and comment as necessary:

Exercise of Church Leadership: Poor Average Good Excellent
Comments: _____

Maturity: Immature Mature Very Mature
Comments: _____

Self Esteem: Low Average High
Comments: _____

Relates to Others: Poorly Well Very Well
Comments: _____

Personality Trait: Introverted Shy Quiet Talkative Extroverted Domineering
Comments: _____

Please include additional information we should know to help us accurately consider this applicant.

REFERENCE: _____ I HIGHLY RECOMMEND _____ I RECOMMEND WITH RESERVATION
SUMMARY: _____ I RECOMMEND _____ PLEASE CALL ME

Referral's Name: _____ Date: _____

THIS FORM MUST BE COMPLETED AND RETURNED BY THE REFERRAL ONLY: Team Selection Committee
P. O. Box 88
Clear Creek, IN 47426-0088 THANK YOU FOR YOUR TIME AND SUPPORT FOR THE CHRYSALIS MINISTRY