



DATE RECEIVED: _____



YOUNG ADULT JOURNEY
Hoosier Hills Chrysalis Community
Young Adult Journey is open to Never Married Post High School
Applicants from the age of 19 through 24

Will the **Applicant** please **print** and **answer all questions** so your needs will be met while you are on the Walk.

NAME: _____ NAME TAG: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA/PHONE: _____ BIRTH DATE: _____ AGE: _____

MALE / FEMALE (Circle One) CURRENT SCHOOL/COLLEGE (if any) _____

Name and denomination of our Church: _____

Pastor's Name: _____

Pastor's Address: _____

What School, Religious, or Community Organizations are you active in? _____

Are you on a special diet for medical reasons? (If yes, explain): _____

Are you on special medication? (If yes, explain): _____

Do you have any health or physical handicaps that will require special facilities? (Please explain): _____

State briefly why you wish to be involved in Chrysalis and what you expect from it? _____

+++++++ **PLEASE NOTE AND SIGN AS INDICATED** +++++++

++**APPLICANT SIGNATURE** _____ **DATE** _____ ++

SPONSOR – please fill out your information on next sheet. Once this form is completed, you are responsible for sending both forms to the registrar; info below.

SPONSORS NAME: _____ AREA/PHONE: _____

Mail to Registrar: Bonnie Dyar
2200 Ashwood Circle
Bloomington, IN 47401
Email to : bdyar@billcbrown.com

YOUNG ADULT JOURNEY Hoosier Hills Chrysalis Community

SPONSOR – Please fill out YOUR information below. Once this form is completed, you are responsible for sending it to the Registrar whose address is listed below.

Sponsor's Name: _____ Applicant's Name: _____

E-Mail Address: _____

Address: _____

City / State / Zip: _____

Phone (Home): _____ How long have you known candidate? _____

How? _____

Name of Church you are attending? _____

Do you attend regularly? _____

Where did you take your WALK/FLIGHT? _____

When? (MM/DD/YYYY) _____ Emmaus or Chrysalis Flight # _____

Are you in a reunion or sharing group? _____

Have you served as a sponsor before? _____

Are you willing to pray and sacrifice for the applicant? _____

Why do you think this person would benefit from the Young Adult Journey? _____

Does the applicant have any physical or mental health concerns that should be brought to the attention of the Spiritual or Lay Directors?

Who will bring the applicant to the weekend site? _____

Who will take the applicant home? _____

Will you attend the sponsor's hour? _____ Candlelight? _____ Closing? _____

Will you accompany applicant to monthly gatherings after the weekend? _____

Are you aware of the importance of minimal contact with the Candidate during the weekend? _____

Remember sponsoring a Candidate is both a joy and a responsibility. The Young Adult Journey is not constructed to solve deep-seated personal problems. It is designed to provide those attending, a deeper understanding of what it means to be a disciple of Christ.

+++**Sponsor's Signature:** _____ **Date:** _____+++

Please furnish any additional comments below that could help the team understand and deal more effectively with the needs of the candidate. Comments about the candidate's home life, his/her doubts, difficulties and hopes would be of great help.

PLEASE RETURN FORM TO:

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