

# Chrysalis

## OF THE SHENANDOAH VALLEY

### Application to Serve on a Team

**PLEASE PRINT** **TO BE FILLED OUT BY THE APPLICANT** **PLEASE PRINT**

Name \_\_\_\_\_ Preferred name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work/School (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_ Occupation: (if student, please complete next line) \_\_\_\_\_

School and Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/Denomination of church you attend \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name of your Pastor/Campus Minister \_\_\_\_\_

Where and when did you make your Three Day Weekend (Chrysalis, Cursillo, Emmaus, Pilgrimage, etc.)? \_\_\_\_\_

If you have served on a team before, what leadership roles have you performed? \_\_\_\_\_

Have you given a talk before? \_\_\_\_\_ Title(s) \_\_\_\_\_

Any Chrysalis type courses or training obtained in addition to week-end experiences: \_\_\_\_\_

Fourth Day Activities you participate in: (Reunion/Small Groups, Hoots/Gatherings/Ultreyas, Candlelights, Mananitas, Closings, Agape/Palanca, Next Steps/Day of Deeper Understanding, Community Support, Boards/Committees) \_\_\_\_\_

Do you play a musical instrument? \_\_\_\_\_ What kind? \_\_\_\_\_

Do you have any health problems that may affect your attendance? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Allergies? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Are you on medication? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

**TEAM MEMBERS ARE ASKED TO CONTRIBUTE THE FULL COST OF THE WEEKEND.** If you are unable to contribute the total cost, please let the community know and an effort to find scholarship funds will be made. A minimum commitment fee of \$25.00 is appreciated. Husbands and wives must submit separate applications.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Please mail TEAM applications to: Shenandoah Valley Chrysalis, c/o Jenny Dillard, 3553 Keezletown Rd, Keezletown, VA 22832

If you are 17 or younger, you will need to provide parental consent and an emergency care form which will be provided with your registration confirmation.

*I am the parent/guardian of the above named applicant and hereby grant my permission for him/her to participate in the Chrysalis experience and authorize the Chrysalis leadership or Camp Overlook Staff to secure emergency medical treatment as necessary in the event that I cannot be reached.* Signature Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_ Emergency Phone \_\_\_\_\_