



TEAM INFORMATION *(Please type or print legibly)*

Name: _____ Sex: M/F Age/Grade: ____ / ____ Birth MM/YY: ____ / ____
Address: _____ City/ST/Zip: _____
Phone: (____) _____ E-Mail: _____
School You Attend (*youth*): _____ Church You Attend: _____

TEAM STATEMENT

Applying as (*circle one*): YOUTH / ADULT / CLERGY Have you worked Team before (*circle one*): YES / NO

State briefly what you would be willing to do on a Chrysalis Weekend and any position(s) for which you may not be able to fulfill the responsibilities of: (Kitchen, Table Leader, Speaker, Musician, Agape, Prayer chapel, Clergy, etc.)

State briefly why you wish to participate as a team member in Chrysalis and what you expect:

Please indicate the talks you have given and positions in which you have served on previous weekends (including Emmaus Walks.) Please mark with the Flight or Walk number if known; otherwise mark with an X.

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|--------------------------------------|---------------------------------|
| _____ Ideals | _____ Lay Director |
| _____ God Designed You | _____ Assistant Lay Director |
| _____ Faith | _____ Head Spiritual Director |
| _____ God Loves You | _____ Spiritual Director |
| _____ The Prodigal | _____ Table Leader |
| _____ Communication Through Prayer | _____ Head Musician |
| _____ Christian Growth Through Study | _____ Musician |
| _____ God's Gift to You | _____ Head Cook |
| _____ Marriage | _____ Assistant Head Cook |
| _____ God Forgives You | _____ Cook |
| _____ Christian Action | _____ Head Agape |
| _____ Single Life | _____ Agape |
| _____ God Empowers You | _____ Logistics/Facilities |
| _____ Priesthood of All Believers | _____ Board Rep |
| _____ Next Steps | _____ Prayer Chapel |
| _____ Angel | _____ Candlelight Dinner Server |

I AGREE THAT IF I AM SELECTED TO SERVE ON A TEAM, I WILL ATTEND ALL TEAM MEETINGS & PARTICIPATE THE ENTIRE WEEKEND (Except in extenuating circumstances that are cleared with the Lay Director). Team fees are \$75 and are due by the third team meeting. Make checks payable to: CORNERSTONE CHRYSALIS COMMUNITY.

Applicant Signature: _____ Date: _____