



Athens Area Chrysalis Team

APPLICATION for ___Boy's Flight ___Girl's Flight

Name_____ Church_____

Email_____

Address_____ City_____ State_____ Zip_____

Birth Date_____ Home phone_____ Cell phone_____

How would you like to serve?_____

Are you willing to give a talk if asked?_____ Preference_____

Any special talents? _____ Limitations?_____

Are you currently certified to administer CPR, a registered nurse, a physician, or other health care professional? Please describe. _____

Have you served on a previous Walk to Emmaus/Chrysalis/ etc. weekend team? ___

How many?_____ In what capacity?_____

If you have given a talk, which one? _____

Name, date and location of your Walk or Flight _____

Do you participate regularly in a Reunion Group? _____ Attend Gatherings? _____

When I send in this application, I understand that the Weekend Lay Director and the Team Selection Committee will select team member in accordance with the guidelines outlined in the Chrysalis Handbook. If selected, I agree to uphold the Canon of the Chrysalis Team and accept my responsibilities prayerfully.

Team Cost is \$100.00. Check can be made out to Athens Area Chrysalis

Chrysalis Board Team Selection
P. O. Box 601
Commerce, Ga 30529