



SOUTHERN CALIFORNIA CHRYSALIS COMMUNITY REQUEST FOR TEAM APPLICATION

Chrysalis, c/o SDUM Church - 114 W 2nd Street, San Dimas, CA 91773
www.socalchrysalis.org

1. Please type or print legibly:

Name _____ Birthdate ____ / ____ / ____

Address _____

City _____ State _____ Zip _____ Home (____) _____

Email _____ Cell (____) _____

When/where was your 3 day movement? _____

Applying as a(n): adult (23+) _____ youth _____ Have you worked team before? _____

Name of church you are now attending _____

Religious/Community organizations _____

Why do you want to work Chrysalis? _____

Can you play an instrument? _____ What do you play? _____

Please indicate talks you have given and positions you have served in on previous weekends.
Please mark with the walk number if known, otherwise with an 'X'.

Talks:

- ____ Ideals
- ____ God Created You
- ____ Faith
- ____ God Loves You
- ____ The Prodigal
- ____ Walking With Christ
- ____ Loving Like Christ
- ____ God's Gift to You
- ____ Faithful Love
- ____ God Sustains You
- ____ Christian Action
- ____ Discovering God's Call
- ____ God Empowers You
- ____ Next Steps

Positions:

- ____ Lay Leader
- ____ Peer Leader
- ____ Assistant Lay Leader
- ____ Spiritual Leader
- ____ Assistant Spiritual Leader
- ____ Music Leader
- ____ Table Leader
- ____ Board Representative
- ____ Background Leader
- ____ Background Worker
- ____ Agape Coordinator
- ____ Kitchen Coordinator
- ____ Supplies Coordinator
- ____ Prayer Coordinator

I agree that if I am selected to serve on a team, I will attend team meetings and will participate in entire weekend.

Team donations: Team donations are due prior to the weekend. Team donations will be announced during team meetings. Make checks payable to Southern California Chrysalis Community.

Signature of Applicant _____ Date _____

3. Zero Tolerance: (required)

Southern California Chrysalis has a zero tolerance policy concerning drugs and alcohol. Anyone on the weekend or at any Chrysalis event who is caught possessing and/or using either alcohol or illegal drugs will be disciplined immediately. Minors, whether a team member or a candidate on the weekend or any Chrysalis event will be isolated from the rest of the team and candidates, and their parent(s) will be called to notify them of the offense and to have them picked up immediately.

Anyone over 18 years old caught possessing or using illegal drugs during the weekend or at any Chrysalis event will be isolated from the rest of the team and candidates immediately and will be reported to the police. Anyone over 18 years old caught possessing or using alcohol during the weekend or at any Chrysalis event will be asked to leave the event immediately.

Again, this is a zero tolerance policy. No warning will be given, no excuses taken. This policy has been adopted for the betterment of the community as a whole.

I, the undersigned, have read the policy on illegal drugs and alcohol and agree to abide by this policy.

Team Member Signature

Parent Signature (if applicant is under the age of 18)

4. Medical Release: (required)

(To be completed by Parent or Guardian if applicant is less than 18 years old):

_____ has my/our permission to attend the Chrysalis weekend, the follow-up reunion, and other Chrysalis activities. In the event of an emergency my authorization for emergency treatment is provided here:

I (we) the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license from the state of California, Department of Public Health to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

(To be completed by applicant if over 18 years old):

In the event of an emergency my authorization for emergency treatment is provided here:

I _____, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license from the state of California, Department of Public Health to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Note: Chrysalis does not have trained medical personnel on the weekends.

List any restrictions: _____

Signature of Parent(s) _____ Date _____

_____ Date _____

In the event that your child must return home before the weekend is over, or in the case of a medical emergency, please provide telephone numbers where you can be reached during the weekend:

Phone (____) _____ Alternate Emergency Phone (____) _____

Please list any allergies, medications taken, medical problems, special diet, or other pertinent information:

5. Please scan* and email to chrysalissocal@gmail.com

Please make sure application has all signatures, including medical release.

Please bring physical copy with you to the weekend.

*if unable to scan please contact chrysalissocal@gmail.com for further instructions.