

Chrysalis Team Volunteer Sheet (YOUTH)

Personal Information

Please complete the following and return to the Chrysalis Board (address below) or Lay Director.

NAME _____ DATE of Application: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE #: _____

CELL PHONE #: _____ EMAIL: _____

Check One: ___ HIGH SCHOOL ___ COLLEGE Check One: ___FRSH ___SOPH ___JR ___SR

Name of HIGH SCHOOL or COLLEGE _____

AGE: _____ BIRTHDATE: _____ CHRYSALIS #: _____ REUNION GROUP: _____

CHURCH: _____ CHURCH PHONE: _____

PASTOR: _____ YOUTH PASTOR: _____

Christian Activities Involved In: _____

Positions Willing to Serve

If asked to serve on a team, where would you be willing to serve, or what positions would best utilize your gifts? Please check ALL that apply.

___ Kitchen ___ Agape ___ Youth Table Leader ___ Speaker ___ Youth Lay Director

___ Music If so, what instrument(s) do you play _____

Previous Team Experience

Please write the Chrysalis # beside the talks you have given and the positions you have served on any Chrysalis team.

Ideals _____ Youth Lay Director _____

Prodigal _____ Youth Table Leader _____

Christian Action _____ Agape _____

Christian Growth _____ Kitchen _____

Next Steps _____ Music _____

Dining Room Assistant _____

Entertainment Team _____

Return this form to the current Chrysalis Lay Directors

OR Mail it to the following address:

Elizabethtown Chrysalis
PO Box 6243
Elizabethtown, KY 42702-6243