

# Young Adult Chrysalis Team Volunteer Sheet

## Personal Information

Please complete the following and return to the Chrysalis Board or to the current Lay Director.

NAME \_\_\_\_\_ DATE of Application: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you in COLLEGE? YES NO If so, please check one: \_\_\_FRSH \_\_\_SOPH \_\_\_JR \_\_\_SR

EMMAUS/CHRYsalis #: \_\_\_\_\_ REUNION GROUP: \_\_\_\_\_

CHURCH: \_\_\_\_\_ 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 \_\_\_ Adult Table Leader \_\_\_ Young Adult Table Leader (age 18-25)

\_\_\_ Speaker \_\_\_ Floater/Logistics \_\_\_ Single Life Panel \_\_\_ Dining Room Coordinator

\_\_\_ Assistant Lay Director \_\_\_ Young Adult Lay Director (age 18-25) \_\_\_ Lay Director

\_\_\_ Spiritual Team \_\_\_ Music Team 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. (If it was Young Adult Chrysalis experience, write YAC in front of the number.)

Ideals \_\_\_\_\_ Lay Director \_\_\_\_\_

Faith \_\_\_\_\_ Assistant Lay Director \_\_\_\_\_

Prodigal \_\_\_\_\_ Logistics Coordinator \_\_\_\_\_

Marriage \_\_\_\_\_ Youth/Young Adult Lay Director \_\_\_\_\_

Christian Action \_\_\_\_\_ Agape Coordinator \_\_\_\_\_

Single Life \_\_\_\_\_ Kitchen Coordinator \_\_\_\_\_

Communications \_\_\_\_\_ Adult Table Leader \_\_\_\_\_

Christian Growth \_\_\_\_\_ Youth Table Leader \_\_\_\_\_

Priesthood of All Believers \_\_\_\_\_ Agape \_\_\_\_\_

Next Steps \_\_\_\_\_ Kitchen \_\_\_\_\_

Music Team \_\_\_\_\_ Floater \_\_\_\_\_

Dining Room Coordinator \_\_\_\_\_ Dining Room Assistant \_\_\_\_\_

Spiritual Team \_\_\_\_\_ Entertainment Team \_\_\_\_\_

Please list **Emmaus** experience below:

**NOTE: Please fill out the back side of the form for a COMPLETE application.**

**CRIMINAL BACKGROUND CHECK POLICY**

The Chrysalis community recognizes God’s tender love and concern for children (see Luke 18:16) and we desire a healthy, loving and safe environment for all youth participants. Therefore, the Chrysalis Board created the following policy. Our commitment to this policy requires that we conduct a criminal background check on all adults submitting an application to work a Chrysalis weekend.

All persons applying for registration as a youth worker shall submit a Criminal Background Check as part of the application. This record must indicate that there have been no felony convictions within the previous five-year period or felony convictions involving minors, sex crimes, or violent crimes as defined in KRS 17.165 (1) and (3) at any time. Other felonies and misdemeanors will be evaluated on a case by case basis.

We know you may have concerns about who will have access to the information from the background investigation. One person designated on the Chrysalis Board will be the person who reviews the information. In most cases, no one else will have access to it. However, the Chrysalis Board reserves the right to share the information with others who it determines has a need to know or whom the Chrysalis Board determines it is legally obligated to disclose the information.

**AUTHORIZATION/RELEASE**

I understand and agree that a criminal background investigation may be conducted with respect to me. I agree to release from liability and damages the Chrysalis Community, Emmaus Community and their respective Boards and agent(s) who conduct and participate in any such review. I authorize all such persons to treat a photocopy of this authorization as though it were an original, executed authorization.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.  
*(day) (month) (year) (city, state)*

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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**