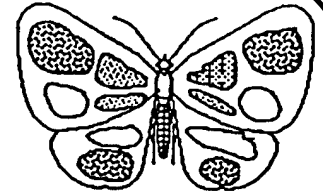


## SOUTHERN CALIFORNIA CHRYSLIS COMMUNITY TEAM APPLICATION



### 1. Please type or print legibly:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

When and where was your Chrysalis weekend? \_\_\_\_\_ E-Mail \_\_\_\_\_

Applying as: an adult \_\_\_\_\_ a youth \_\_\_\_\_ Have you worked team before? \_\_\_\_\_

Name of church you are now attending \_\_\_\_\_

Religious/community organizations \_\_\_\_\_

State briefly what you would be willing to do on a Chrysalis weekend: (Kitchen, Table Leader, Give a Talk, Musician, Agape)

I want to be on a team because: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Ideals                         | <input type="checkbox"/> Lay Director (Rector/Rectora) |
| <input type="checkbox"/> God Designed You               | <input type="checkbox"/> Asst Lay Director             |
| <input type="checkbox"/> Faith                          | <input type="checkbox"/> Head Spiritual Director       |
| <input type="checkbox"/> God Loves You                  | <input type="checkbox"/> Spiritual Director            |
| <input type="checkbox"/> The Prodigal                   | <input type="checkbox"/> Table Leader                  |
| <input type="checkbox"/> Communication Through Prayer   | <input type="checkbox"/> Head Musician                 |
| <input type="checkbox"/> Christian Growth Through Study | <input type="checkbox"/> Musician                      |
| <input type="checkbox"/> God's Gift to You              | <input type="checkbox"/> Head Cook                     |
| <input type="checkbox"/> Marriage                       | <input type="checkbox"/> Asst Head Cook                |
| <input type="checkbox"/> God Sustains You               | <input type="checkbox"/> Cook                          |
| <input type="checkbox"/> Christian Action               | <input type="checkbox"/> Head Agape                    |
| <input type="checkbox"/> Single Life                    | <input type="checkbox"/> Agape                         |
| <input type="checkbox"/> God Empowers You               | <input type="checkbox"/> Weekend Coordinator           |
| <input type="checkbox"/> Priesthood of all Believers    | <input type="checkbox"/> Angel                         |

### 2. Agreement:

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

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

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### 3. Zero Tolerance:

Southern California Chrysalis has a **zero tolerance** policy in the area of 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

### 4. Medical Release (To Be Completed By Parent Or Guardian if team member is less than 18 years old):

*I am aware that if my son/daughter is selected to work on a team, he/she will be expected to attend all team meetings and to be in attendance for the entire three-day weekend.*

\_\_\_\_\_ has my/our permission to attend the Chrysalis weekend. In the event of an emergency my authorization for emergency treatment is provided below.

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

List any restrictions: \_\_\_\_\_

Signature of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_  
or Guardian(s): \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

This consent shall remain in effect until (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 mail to:

**Chrysalis, c/o Trinity Lutheran Church, 6868 N. San Gabriel Blvd, San Gabriel, CA 91775**

5/2/05