

# APPLICATION TO SERVE ON AN ALBEMARLE CHRYSALIS TEAM

Please print or type (all except signatures)

Name: \_\_\_\_\_ You prefer to be called: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: Male/Female Shirt Size: S M L XL

Name of Church: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

**Pastor's signature:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**Applications will not be accepted without your pastor's signature and phone number. If unable to secure a signature, please have the Lay Leader, Deacon etc sign noting their position and provide a phone number.**

When was your original weekend? \_\_\_\_\_ Did you complete the 72-hr weekend? YES NO

If no, give reason unable to complete the weekend \_\_\_\_\_

Have you attended a Day of Deeper Understanding? \_\_\_\_\_

List any youth activities you are involved in: \_\_\_\_\_

Do you play a musical instrument? YES NO If yes, what instrument? \_\_\_\_\_

Are you in a Reunion Group? YES NO If yes, which one? \_\_\_\_\_

Do you have any physical limitations? YES NO If yes, specify: \_\_\_\_\_

**RESPONSIBILITIES OF TEAMING:** There will be five (5) to six (6) team meetings preceding a Chrysalis Weekend. Attendance is expected at ALL meetings. If you know you will be absent for one, please contact the Lay Director of weekend walk prior to committing to team.

**FINANCIAL RESPONSIBILITIES:** ALL team members are responsible for their portion of the room and board for the weekend **and this fee is due no later than the second team meeting**. If you are unable to fulfill this obligation, please contact the Lay Director of the weekend prior to the deadline. **Team fee is currently \$200.00.**

Please indicate previous teaming experience on the back of the application including job, flight # and talk given if applicable

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to: Albemarle Chrysalis  
P.O. Box 2707  
Elizabeth City, NC 27909

## FOR ADMINISTRATIVE USE ONLY

Application received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant contacted to team: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did applicant accept or decline when contacted to serve as a team member? Accepted Declined

