Chrysalis Team Volunteer Sheet (ADULT)

Personal Information Please complete the following and return to the Chrysalis Board or to the current Lay Director. ______ DATE of Application: _____ ADDRESS: BIRTHDATE: CITY/STATE/ZIP: PHONE #: EMAIL: _____ 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. _____ Floater/Logistics _____ Assistant Lay Director ____ Kitchen _____ Agape _____ Single Life Panel _____Table Leader _____ Dining Room ___ Lay Director ____ Spiritual Team Speaker _____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. Ideals Lay Director_____ Assistant Lay Director _____ Logistics Coordinator Youth Lay Director _____ Walking with Jesus_____ Agape Coordinator _____ Kitchen Coordinator Adult Table Leader _____ Serving Like Jesus _____ Youth Table Leader Kitchen _____ Dining Room Coordinator _____ Music Team _____ Dining Room Assistant _____ Entertainment Team _____

Please list **Emmaus** experience below:

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 thought 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 scan & email it: etownchrysalis.registrar@gmail.com