

CHRYSLIS VOLUNTEER FORM

New Covenant Chrysalis Community

Date Submitted: _____

Name: _____ Phone: (Area Code) _____

Address: _____ City: _____ St: _____ Zip: _____

E-Mail Address: _____

Walk/Flight #/location _____ Church: _____

All volunteer forms are reviewed by the New Covenant Chrysalis Team Selection Committee. Because Chrysalis Flights involve youth under the age of 18, a sexual harassment and sexual predator background check must be done on the older team members prior to their serving on a team. If you are 18 years of age and older) do you agree to allow a background check? Yes _____ No _____

Areas in which you would most like to serve:

“Support Team Committees” _____
(agape, worship, meal service, table decorations, refreshments, prayer chapel, logistics, prayer vigil, candlelight, sponsor’s hour/closing, entertainment, mimes)

“Conference Room Members” _____
(ALD, ASD, Table Leader, Asst Table Leader. Note whether you are willing to give a talk)

Music _____
(note instruments you play, if any)

Previous team experience (positions held, date last served): _____

Do you have any special medical, dietary (allergies), or physical considerations that could affect your ability to work, eat, or sleep at the flight? _____

Will you dedicate sufficient time to attend mandatory team meetings over a four week period? _____
(Up to 24 hours for Conference Room members and up to 12 hours for Support Team members)

Are you able to afford the fees (min \$15 - up to \$115) associated with service on the team? _____

MAIL YOUR COMPLETED FORM TO:

New Covenant Chrysalis Community
ATTN: Registrar
P.O. Box 2376
Madison, AL 35758

You can also turn in completed forms to a Chrysalis Board rep at any NCEC gathering.