



Applicant Form

To be completed by CANDIDATE

(Open to ages 15 – 18 and completed 9th grade)

All of the following information is necessary for your proper placement in a Chrysalis Flight/Journey.
Please fill in all the blanks, using "None or N/A" where needed. (Please print or type).

Name: _____ Name to be printed on Nametag: _____
Street Address: _____ Phone: _____ Cell: _____
City: _____ State: _____ Zip: _____
Age: _____ Birth Date: _____ Sex: _____
Email Address: _____ T-Shirt Size S M L XL XXL XXXL
Name of church now attending: _____ Pastor's Name: _____
School you attend: _____ Grade: _____
In what religious, community or school activities are you active? _____

Has Chrysalis been explained to you? _____
Has the follow-up program/reunion groups been explained to you? _____
State briefly why you wish to participate in Chrysalis and what you expect from it: _____

Does the candidate have special diet, medical or physical needs? (If yes, please explain.) _____

Candidate's Signature: _____ Date: _____
Pastor's Signature (**required**): _____
Briefly state why you think this would be a good candidate for a Chrysalis weekend: _____

Youth Director's Signature (**required**): _____
Briefly state why you think this would be a good candidate for a Chrysalis weekend: _____

Sponsor (Please Print): _____
Co-Sponsor (Please Print): _____

*Please return this form to a sponsor. You must be sponsored by someone who has been on a Chrysalis flight or Emmaus walk. You must have at least one adult sponsor. If you do not have sponsors, we will try to find them for you. You will be notified of your acceptance, the dates and location of your weekend. Please notify us immediately if you cannot attend so that someone else may be contacted.

Please return this form by mail to:

Nancy Campbell • P.O. Box 731043 • Ormond Beach, FL • 32173



To be completed by SPONSOR

(Must have at least one adult sponsor)

Candidate: _____

Sponsor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell/Pager) _____

Email: _____ Name of church now attending: _____

Denomination: _____ Do you attend regularly? _____

Where did you make your Chrysalis/Emmaus/Cursillo? _____

When? _____ Chrysalis/Emmaus/Cursillo # _____

Are you now in a reunion group? _____

Why do you feel that this person would be a good candidate? _____

Co-Sponsor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell/Pager) _____

Email: _____ Name of church now attending: _____

Denomination: _____ Do you attend regularly? _____

Where did you make your Chrysalis/Emmaus/Cursillo? _____

When? _____ Chrysalis/Emmaus/Cursillo # _____

Are you now in a reunion group? _____

Why do you feel that this person would be a good candidate? _____

Does the candidate have special diet, medical or physical needs? (If yes, please explain.) _____

Are you willing to assist getting the candidate into a reunion group? _____

Will you bring your candidate to their weekend? _____

Will you attend: Sponsor's hour _____ Candlelight _____ Closing _____

Have you explained the post weekend meeting? _____

Will you obtain the necessary "agape" correspondence for your candidate? _____

Are you praying and sacrificing for your candidate? _____

Sponsor Signature: _____

Co-Sponsor Signature: _____

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**CHRYSLIS WEEKEND
EMERGENCY PERMISSION**

In the event of an emergency, illness or accident, parents or guardians will be contacted at the earliest possible moment. However, as contacts cannot always be made immediately, we need permission for medical care, signed and notarized.

******EVERYTHING ON THIS FORM MUST BE COMPLETED******

To be completed by Parent or Guardian:

In the event that _____ suffers any illness or accident requiring hospitalization, medication, or surgery while participating in the Chrysalis weekend, I hereby give my permission for treatment to the person in charge of the weekend in consultation with local medical personnel, understanding that I will be contacted at the earliest possible moment.

Signed: _____ Printed: _____

Relationship: _____ Address: _____

Phone: (Home) _____ (Work) _____ (Cell/Pager) _____

If you cannot be reached, call: _____ Relationship: _____

Phone: (Home) _____ (Work) _____ (Cell/Pager) _____

Please list any medical allergies, medication being taken, special diets, medical problems or other pertinent information:

My child has permission to take "over the counter" medication for headaches, coughs, sore throat, and/or stomachaches.
Yes _____ No _____ Any exclusions: **(Please initial _____)**

During the Chrysalis weekend, a photograph will be taken of the team and candidates together. Traditionally we post this picture on our community website. Please indicate your approval/denial in the space below.
Yes _____ No _____ **(Please initial _____)**

INSURANCE INFORMATION

Insurance Company: Policy #/Group#: _____

Primary Care Physician: _____ Phone: _____

NOTARIZATION

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

by _____

Signature of Notary Public, State of Florida Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

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