

**Athens Area
Chrysalis**

Team Application
Form
(Please Print)



Name _____ Church _____

Email _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Home Phone _____ Work Phone _____

How would you like to serve? _____

Are you willing to give a talk if asked? _____ Preference _____

Any special talents? _____ Limitations? _____

Are you currently certified to administer CPR, a registered nurse, a physician, or other health care professional?

Please describe. _____

Have you served on a previous Walk to Emmaus/ Chrysalis/ etc. weekend team? _____

How many? _____ In what capacity? _____

If you have given a talk, which one? _____

Name, date and location of your Walk or Flight _____

Do you participate regularly in a Reunion Group? _____ Attend Gatherings? _____

I understand that the Weekend Lay Director and the Team Selection Committee will select team members in accordance with the guidelines outlined in the Chrysalis Handbook. If selected, I agree to uphold the Canon of the Chrysalis Team and accept my responsibilities prayerfully.

Signature

Date

Mail to:
Ethan Smith
95 Rock Wood Ct.
Covington, GA 30016
(706) 499-8685