

MUST BE RECEIVED TWO WEEKS BEFORE THE FLIGHT
IOWA CHRYSALIS COMMUNITY
SERVANT APPLICATION

APPLICATION FOR FLIGHT NUMBER _____

NAME _____ PHONE (____) _____

ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS _____

BIRTHDATE _____ BUTTERFLY FLIGHT _____ TSHIRT SIZE _____

TEAM EXPERIENCE: (Start from the most recent & list backwards)

FLIGHT: EXPERIENCE:

PLEASE LIST IN ORDER YOUR PREFERENCE FOR SERVING:

- | | |
|----------------------------|--|
| _____ AGAPE, GENERAL | _____ COFFEE LEADER |
| _____ AGAPE, HOUSEKEEPING | _____ ANGEL |
| _____ AGAPE, KITCHEN | _____ MUSIC _____ |
| _____ AGAPE, PRAYER CHAPEL | _____ LEADERSHIP TEAM INSTRUMENT(S) PLAYED |
| _____ AGAPE, SUPPLY | _____ NURSE/MEDICAL _____ |
| _____ AGAPE, LEADERSHIP | _____ PHOTOGRAPHER _____ |

IF YOU FEEL LEAD TO GIVE A TALK, PLEASE PRIORITIZE YOUR CHOICES. AN OUTLINE WILL BE GIVEN TO YOU AS A GUIDE.

YOUTH

- _____ DEALS
- _____ PRODIGAL
- _____ CHRISTIAN GROWTH
- _____ CHRISTIAN ACTION
- _____ NEXT STEPS

ADULTS

- _____ FAITH
- _____ COMMUNICATION
- _____ MARRIAGE
- _____ SINGLE LIFE
- _____ PRIESTHOOD OF ALL BELIEVERS

CLERGY

- _____ GOD DESIGNED YOU
- _____ GOD LOVES YOU
- _____ GOD'S GIVE TO YOU
- _____ GOD SUSTAINS YOU
- _____ GOD EMPOWERS YOU

MEDICAL RELEASE: (TO BE SIGNED BY SERVANT & PARENT OF MINOR)

In the event of a **MEDICAL EMERGENCY**, I hereby give permission to the physician selected by the Chrysalis leadership to secure proper treatment for

SERVANT _____

ADULT OR PARENT OF MINOR'S SIGNATURE _____

I certify that no guarantee or assurance has been made as to the results that may be obtained.

My special dietary needs are _____

Medications I'll be taking during the weekend are _____

I REALIZE THAT THIS IS A CHRIST CENTERED WEEKEND AND THAT AS A MEMBER SERVING ON THE TEA, MY WITNESS WILL BE A REPRESENTATION OF CHRIST. I AGREE TO ABIDE BY THE RULES SET BY THE CHRYSALIS BOARD AND WILL NOT USE DRUGS OR ALCOHOL. IN ACCORDANCE WITH IOWA LAW, NO ONE UNDER THE AGE OF 18 IS ALLOWED TO USE TOBACCO PRODUCTS.

SERVANT'S SIGNATURE, _____ DATE _____

ADULT OR PARENT OF MINOR'S SIGNATURE _____

YOU must attend at least three of the four team meetings scheduled prior to the weekend or you will be dismissed from the team. Team members will be required to 'help set up and clean up until all clean-up is complete. No agape bags will be given out until team has completed clean-up. You will be asked to sign out of the weekend; those not signing out after clean-up is complete will not be asked to work team again. Please see the logistiCS coordinator to make arrangements with her/him prior to the weekend if there will be a conflict in helping clean up. Also, you must attend the first hoot following the flight.

Cost of the weekend is \$55.00. A non-refundable \$10.00 fee must accompany this application. This fee will be applied to your weekend if your accepted to work. Please make your check payable to Iowa Chrysalis Community.

Please return application to:

"Faye Harvey
505 Taylor
Ida Grove, IA 51445