



National Capital Area Chrysalis TEAM Application



National Capital Area Chrysalis is an independent, ecumenical fourth day
It is not affiliated with the Upper Room®, Chrysalis®, or Chrysalis International®, Inc.

Section I: General Information

Application for serving on a: <i>(Adults may check both.)</i>		<input type="checkbox"/> High School Weekend	Please note: Adults (those 25 and over) may use one application for either or both weekends.		Today's Date:
		<input type="checkbox"/> Young Adult Weekend			
Full Name: <i>(Please print legibly)</i>			Name you go by: <i>(Nickname)</i>		
Home Address: <i>(include Apt #)</i>			City	State	Zip
Home Phone:	Cell Phone:	E-mail address: <i>(Please print legibly)</i>			
Gender: <i>(M/F)</i>	T-shirt size:	Age: <i>(Circle one)</i> 15-19 20-24 25+			Date of Birth:
		Current Academic Status: <i>(Circle one)</i> HS student Grad Yr. ____ HS Graduate College Student			
School or College Name: <i>(Youth/Young Adult Only)</i>		Full Address at college: <i>(Young Adult Only)</i>			
College/Work Phone:			College/Work email address: <i>(Please print legibly)</i>		
Church Name:		Church Denomination:		Location:	

Section II: Faith Background

Have you committed your life to Jesus Christ? <i>(circle one)</i>	Circle all that apply to your faith walk:
YES NO UNSURE	Attend church regularly Involved in church activities outside of worship Attend Ulreyas/Hoots Involved in Christian activities outside of church Active member of a Reunion Group
Why do you wish to serve on a Chrysalis team? _____ _____	
Do you play a musical instrument? _____ If yes, which one(s)? _____ Please bring it. ☺	Previous weekend experience: Walked on: Chrysalis # _____ Emmaus # _____ in _____ DDU Date: _____ <small>(year)</small> Community Name: _____

Section III: Emergency Contact/Medical Information *(To be completed by all Team applicants.)*

Emergency Contact:	Relationship:	Home Phone:	Cell Phone:	Work Phone:
Hospital Preferred:	Health Insurance Company:		Policy number:	
Special Dietary Needs:	Health issues of which we should be aware:		Current medications being taken:	

Section IV: Financial Responsibilities *(Make all checks out to "NCA Chrysalis")*

Please note - There is a limit of ONE scholarship from NCAC (partial or full) per calendar year.

By submitting this application, I understand that I am responsible for the following items:

- 1.) Submitting the non-refundable Application Fee (\$30) with the application. If not, your application will be considered incomplete and will not be available for consideration for a weekend. **Scholarship assistance is NOT available for Application Fees.**
- 2.) Covering the cost of the weekend (\$170), either by personal contribution, church or reunion group help, or by requesting scholarship assistance. *(Please try your best to obtain financial assistance before asking for a scholarship from the NCA Community due to limited funds.)*
- 3.) If you need scholarship assistance, the Head Cha on the weekend will distribute the appropriate forms. Send those request forms directly to the Chrysalis Treasurer by using the PO Box address at the bottom of the application.

***** **Tobacco / Alcohol / Illegal Substances of any kind are strictly PROHIBITED** *****

Section V: Team Experience

Weekend #	Position:	Talk/Reading

Additional Chrysalis/Emmaus Experience: (i.e. Board Member, Volunteer position, etc.)

Section VI: Teaming Application and Selection Information

Many of us would like to serve on a National Capital Area Chrysalis Team, and for most, it's a wonderful and rewarding spiritual experience. However, there are factors about serving on a team that you should consider. Just as a Chrysalis weekend may not be for all youth, serving on a NCAC Team is not for everyone who has attended a Chrysalis weekend. It is important for a team member to be active in their local church. This better equips them to share and model their post-weekend experience for the Caterpillars. In addition, this application does not guarantee your selection to serve on any particular weekend's team. The selection committee responsible for making up teams tries very hard to see that everyone has an opportunity to serve, but the committee must work within certain guidelines. Each team must be built with balance: genders, maturity level, team experience, as well as a balance of churches and denominations. In addition, non-cadre team members will be selected based on the postmark of their application.

The most important consideration is your willingness to serve as a member of God's team for a NCAC weekend. Only the Rector(a), Spiritual Director, Head Cha, and Old Buffalo positions are filled with a particular person in mind. All other positions are assigned during the teaming process by prayerful discernment and must be willing to accept and serve in whatever capacity is needed. No one has the authority to promise anyone a particular position or responsibility. If you are willing to accept only a certain position, you should reconsider applying for a team. If you accept the invitation to team, you are making a COMMITMENT to be available for that weekend as well as all team meetings, which are weekly for about eight weeks prior to the actual weekend. Availability and sacrifice are the real characteristics of team members! Throughout the teaming process, and during the weekend itself, you will be called upon to deal with all the joys and trials of working with others. You will experience once again the mountaintop exhilaration of walking closely with God and you'll also be dealing with the pressures of reacting to changes required to follow God's plan for the weekend. No matter how well you have prepared, you must be willing to yield to His direction at a moment's notice.

Section VII: Parent Information (To be completed by Team applicants under age 18 and must be NOTARIZED.)

Father's Name:	Home Phone:	Cell Phone:	Work Phone:
Mother's Name:	Home Phone:	Cell Phone:	Work Phone:

I/We, Parent/Guardian of _____ authorize immediate medical care during the NCAC weekend if an emergency when I/we cannot be located immediately.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

State/Commonwealth of _____, City/County of _____, to wit:

SUBSCRIBED and sworn to before me this _____ day of _____, 2_____.

My Commission Number: _____ My Commission Expires: _____

NOTARY PUBLIC SIGNATURE: _____

Section VIII: Applicant's Signature

I have reviewed this application for completeness and understand that incomplete applications will be returned. I have read and understand the comments above and agree to serve as called on a National Capital Area Chrysalis Team.

APPLICANT'S SIGNATURE: _____ **Date:** _____

<p>Mail this application with the \$30 application fee to: National Capital Area Chrysalis TEAM APPLICATION PO BOX 185 OCOQUAN, VA 22125-0185</p>	APPLICATIONS COORDINATOR USE ONLY		
	Date Received:	Check #:	\$:
	Date Invited:	Date Accepted:	C-
	Background Check completed:	Date completed:	