



ORANGE COUNTY CHRYSALIS (O.C.C.)

Team Application (please print & complete both sides)

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City / State / Zip Code: _____

E-Mail Address: _____ Work Phone: _____

When and where was your Chrysalis/Emmaus weekend

Have you worked a Chrysalis Team before? Yes/No Which Community?

Are you in a Reunion group? Yes / No

Are you applying as an Adult _____ Youth _____ ?

Name of Church you are attending: _____ How long? _____

List any other religious/community organizations you are involved in:

State briefly what you would be willing to do on a Chrysalis weekend:
(Kitchen, Talkroom/Table Leader, Give a talk, Musician, Agape, Logistics)

I want to be on a team because: _____

Please indicate talks you have given and positions you have held on previous weekends:

Please include any talks you've given on Emmaus/Cursillo weekends.

- | | |
|-------------------------------|---------------------------------|
| _____ Ideals | _____ Lay Director |
| _____ God's Designs/Desires | _____ Assistant Lay Director |
| _____ Faith | _____ Head Spiritual Director |
| _____ God Denied | _____ Spiritual Director |
| _____ Prodigal Son | _____ Table Leader |
| _____ Communication | _____ Head Musician |
| _____ Hope | _____ Head Cook |
| _____ God's Means of Grace | _____ Cook |
| _____ God Accepted | _____ Head Agape |
| _____ Marriage | _____ Agape |
| _____ Love | _____ Logistics Team |
| _____ Single Life | _____ Angel |
| _____ God Empowers | _____ Candlelight Dinner Server |
| _____ Priesthood of Believers | _____ Next Step |

I agree that if I am selected to serve on a team, I will attend team meetings and participate in the entire weekend.

Team fees are \$80.00(includes \$15 background check fee), payable to Orange County Chrysalis and are due upon notification of selection as a team member (T-SHIRTS ARE \$10 EXTRA, not included in your team fee).

Light of the Canyon United Methodist

Attn: Orange County Chrysalis
101 S. Chaparral Ct.
Anaheim CA 92808

Questions? Please contact Nancy Lay 951-360-9859

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TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN:

(Print name) _____ has permission to attend the Chrysalis Weekend.

In the event of an emergency and if I/we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, to ensure my child's well-being.

I/We, the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the medicine practice act, or a dentist licensed under the provisions of the dental practice act, or the staff of any acute general hospital holding a current license from the State of California, Department of Public Health, to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the civil code of California.

List any **medical** or **dietary** restrictions: _____

Parent Signature: _____ Date: _____

Home Phone: _____ Cell: _____

In the event the above person cannot be reached, please contact:

Name: _____ Phone: _____ Cell: _____

Address: _____

Chrysalis Supports a Smoke-Free Environment on Flights

In the event your child must return home before the weekend is over, or in case of a medical emergency, please provide telephone numbers where you can be reached over the weekend:

Phone: _____ Alternate emergency phone: _____

Please list any allergies or medications being taken, medical problems, special diets, or other pertinent information other team members may need to be aware of:
