



# APPLICATION FOR WEST OHIO CHRYSLIS TEAM INVOLVEMENT

The Team Selection Committee for West Ohio Chrysalis will give prayerful consideration to those completing applications to serve on Chrysalis Teams.

The Committee will use the following criteria in recommending team members:

- ♦ Does the person participate in Chrysalis and/or Emmaus activities?
- ♦ Does he/she attend church regularly?
- ♦ Does he/she attend Chrysalis Hoots or Emmaus Gatherings?
- ♦ Does he/she meet with a reunion/share group regularly?

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West Ohio Board policy directs there will be **21-24 hours of Team Meetings** to prepare for a Chrysalis Flight. Team Members are expected to **attend all** of these meetings.

Team Members are **required to attend a minimum of 17 hours** of meetings.

Team Members must **attend the full Weekend** – from 7:00 p.m. the evening preceding Day 1 to the end of Team meeting following Closing.

I understand the above requirements and I am interested in being considered for involvement on a Live-in Chrysalis Team. Please be sure to complete the entire form.

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: DAY (\_\_\_\_) \_\_\_\_\_ NIGHT: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ORIGINAL FLIGHT/WALK LOCATION: \_\_\_\_\_

ORIGINAL FLIGHT/WALK NUMBER: \_\_\_\_\_ YEAR: \_\_\_\_\_

AGE: \_\_\_\_ 15-18 \_\_\_\_ 19-25 \_\_\_\_ 25 & over

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CHURCH NAME: \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_

CHURCH PHONE #: (\_\_\_\_) \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

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State briefly why you wish to serve on a Chrysalis Team: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you presently in a reunion/share group?  Yes  No

If yes, how frequently does your reunion/share group meet?  
 Weekly  Bi-weekly  Monthly

Do you attend Chrysalis Hoots and/or Emmaus Gatherings?  Yes  No

If yes, where? \_\_\_\_\_

Have you participate in the following in the past year? Please check (✓) all that apply.

72-Hour Prayer Vigil  Meal preparation  Serve meal(s)

Provided Agape on a Weekend

Attended Chrysalis and/or Emmaus Candlelight

Attended Chrysalis and/or Emmaus Closing

Sponsored Someone on Chrysalis and/or Emmaus

Attended Emmaus Gatherings

Please check (✓) any of the following talents you possess:

Play Guitar  Play Piano  Sing

Clown  Other (specify) \_\_\_\_\_

**TEAM EXPERIENCE IN OTHER CHRYSALIS COMMUNITIES:**

Community: \_\_\_\_\_

Please check (✓) all that apply:

Lay Director  Assistant Lay Director

Music Director  Logistics

Adult Table Leader  Youth Table Leader

Please check (✓) any Talk(s) given:

◆ DAY 1 TALKS:  Ideals  Faith  Prodigal

◆ DAY 2 TALKS:  Communication  Christian Growth  Marriage

◆ DAY 3 TALKS:  Christian Action  Single Life  
 Priesthood of Believers  Next Steps

Please return this form to:  
**Greene Street United Methodist Church**  
**415 W. Greene St., Piqua, OH 45356**

For West Ohio Chrysalis Use:

Date Received: \_\_\_\_\_ By: \_\_\_\_\_