

APPLICATION TO ATTEND A SOUTHSIDE VIRGINIA CHRYSALIS FLIGHT

(Please PRINT CLEARLY or TYPE)

NAME _____ NICKNAME _____
Last First Initial

MAILING ADDRESS _____
Street City State Zip

EMAIL ADDRESS _____ BIRTHDATE _____

SCHOOL YEAR _____ GENDER _____ PHONE # _____

NAME OF CHURCH & DENOMINATION _____ CHURCH TEL. # _____

CHURCH ADDRESS _____ PASTOR'S NAME _____

WHAT ARE YOUR RELIGIOUS, COMMUNITY & SCHOOL ORGANIZATIONS? _____

DO YOU HAVE ANY CONCERNS (health, school, work, family, etc.) THAT MAY AFFECT YOUR ATTENDANCE? Yes No LIST HERE _____

ARE YOU ON A SPECIAL DIET? Yes No
PLEASE SPECIFY _____

LIST ANY MEDICATIONS YOU MAY BE TAKING DAILY _____

STATE BRIEFLY WHY YOU WISH TO ATTEND A CHRYSALIS WEEKEND, WHAT YOU EXPECT TO GAIN FROM IT, AND ANYTHING ELSE ABOUT YOURSELF OR YOU FAITH YOU WISH TO SHARE WITH THE SELECTION COMMITTEE. _____

IF YOU ARE OVER 18, YOU MUST AGREE TO A BACKGROUND CHECK. ANY FEES ASSOCIATED WITH THIS ARE YOUR SPONSOR'S RESPONSIBILITY. PLEASE GO TO www.certifiedbackground.com WITH ELECTRONIC PAYMENT FROM YOUR SPONSOR AND COMPLETE THE APPLICATION. YOU ARE REGISTERING AS A 'VOLUNTEER'. THE ACCESS CODE IS sj06

APPLICANT'S SIGNATURE _____ DATE _____

AS A PARENT/GUARDIAN OF THIS APPLICANT, WOULD YOU LIKE TO DISCUSS THE CHRYSALIS WEEKEND WITH A CHRYSALIS BOARD REPRESENTATIVE? Yes No BEST TIME TO CALL _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

A deposit of \$30 must accompany this application. Please make checks payable to **Southside Virginia Chrysalis**. In the event it is not possible to assign you to a weekend, your application will be rolled over to the next weekend. If you are assigned to a weekend and fail to attend, your application will be rolled over for three times only and then you must reapply.

THERE ARE NO ADDITIONAL COSTS TO YOU FOR YOUR WEEKEND.

FLY WITH CHRIST!

SPONSORS, READ THIS AND GIVE IT PRAYERFUL CONSIDERATION BEFORE YOU COMPLETE THE SECTION BELOW AND BEFORE YOU HAVE YOUR PROSPECTIVE CATERPILLAR COMPLETE THE REVERSE.

CHRYSALIS (the youth equivalent to Emmaus) is a method of Christian renewal in the Church. Individuals recommended for Chrysalis should be those with an active desire to deepen their faith and understanding of God's love and to become closer to Christ in their daily lives and their discipleship. Candidates preferably should be actively participating in the youth activities of an established Church; however, youth who would be receptive to Christian teaching would be welcome as space is available. Please be mindful that Chrysalis is meant for enrichment and not recruitment, and for the development of Christian youth leaders, not a "quick fix" for a troubled teen. It is designed to encourage youth to become friends with Christ and continue knowing the source for all the answers—God and God alone.

As a Sponsor, you are required to provide information to the applicant and to the applicant's parents, to assist him/her in the decision to attend a weekend, to help him/her to enter fully into the Chrysalis fellowship after the weekend, to provide prayer and other support (including financial) before, during and after the weekend, and to provide transportation to and from the Chrysalis weekend. If the sponsor is a youth under the age of 18 or a member of the team, there must be an adult co-sponsor.

SPONSOR'S NAME _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ PHONE # _____

NAME OF CHURCH _____ TEL. NO. _____

CHURCH ADDRESS _____

DENOMINATION _____ PASTOR'S NAME _____

WHEN & WHERE DID YOU MAKE YOUR WEEKEND? _____

WAS IT EMMAUS/CHRYSALIS/OTHER? _____

HAVE YOU ATTENDED A DAY OF DEEPER UNDERSTANDING? Yes No When and Where? _____

Do you belong to a Reunion Group? Yes No Do you attend gatherings regularly? Yes No

CO-SPONSOR'S NAME _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ PHONE # _____

I/WE HAVE DISCUSSED CHRYSALIS WITH THE APPLICANT AND HIS/HER PARENT/GUARDIAN(S). YES NO

SPONSOR'S SIGNATURE _____ DATE _____

SPONSORS: YOU ARE FINANCIALLY RESPONSIBLE FOR A \$34 BACKGROUND CHECK IF YOUR PILLAR IS 18 OR OVER. PLEASE ARRANGE TO BE PRESENT WITH ELECTRONIC PAYMENT WHEN THE CHECK IS ORDERED AT www.certifiedbackground.com. PLEASE REGISTER AS A 'VOLUNTEER'. ACCESS CODE IS sj06

FOR ADMINISTRATIVE USE ONLY

DATE APPLICATION RECEIVED _____

DATE DEPOSIT RECEIVED _____

APPLICANT (CIRCLE ONE): ACCEPTED DENIED

DATE CONTACTED TO ATTEND _____

**RETURN TO: Southside Virginia Chrysalis, Attn: Missy Robinson, Registrar
121 Taylor Road, Cartersville, VA 23027
Questions? 804-347-3930 yrbkmrobinson@gmail.com**