**IOWA CHRYSALIS SERVANT APPLICATION**

**Youth Ministry of Iowa Walk to Emmaus**

ALL INFORMATION MUST BE COMPLETED TO BE CONSIDERED

Chrysalis Flight # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADULT (\_\_\_\_) YOUTH (\_\_\_\_) CLERGY (\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Cell Phone

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

Address Email (No school emails please)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Walk # or Flight # or Month/year: \_\_\_\_\_

City/State/Zip

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Will you purchase a $10 T-Shirt? Yes (\_\_\_) No (\_\_\_) Size: S (\_\_) M (\_\_) L (\_\_) XL (\_\_) 2XL (\_\_) 3XL (\_\_)

Emmaus or Chrysalis Team Experience (List most recent in descending order)

 Walk/Flight/Date Experience, including talks given

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

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

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

Indicate your preferences for serving or position you’ve been selected for on this flight.

 **AGAPE TEAM CONFERENCE ROOM TEAM**

 \_\_\_\_\_\_\_\_ General Agape \_\_\_\_\_\_\_\_ Table Leader

 \_\_\_\_\_\_\_\_ Cook/Kitchen/Dining Room \_\_\_\_\_\_\_\_ Assistant Table Leader

 \_\_\_\_\_\_\_\_ Housekeeping \_\_\_\_\_\_\_\_ Talk: Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_ Mail Room/Computer \_\_\_\_\_\_\_\_ Angle/Guardian

 \_\_\_\_\_\_\_\_ Prayer Chapel \_\_\_\_\_\_\_\_ Music: Instrument(s)\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_ Leader or Assistant \_\_\_\_\_\_\_\_ Leader or Assistant

**Note:**  If you are giving a talk during this flight, you must preview it at a team meeting prior to the flight. No talks will be previewed during the actual flight days.

The Servant’s cost of the Chrysalis Flight is $35.00, to be paid on arrival/registration. You will be notified of your acceptance as soon as possible after your application is received by the Registrar and the required background check is completed. (I**f 18 or older, you MUST complete separate form**) Your team leader will contact you regarding any specific assignment you have been selected for. Please notify the registrar or your team leader immediately if your circumstances change and you cannot attend.

RETURN APPLICATION TO: OR EMAIL TO:

Sarah Strohman smstrohs@yahoo.com

1503 Union Street

Emmetsburg IA 50536

EMERGENCY NOTIFICATION

In case of emergency, notify:

Name: Last First Middle

Date of Birth Age

Emergency Contact Name & Relationship Cell Phone Number

Insurance Company Policy Number

Please list any health conditions, physical needs/limitations, allergies or special dietary needs: \_\_\_\_\_\_\_

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

**Medical Release to be completed by a parent or guardian of a minor applicant.**

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my/our permission to attend the Chrysalis Weekend.

In the event of an emergency, and if we cannot be reached by telephone, the Chrysalis adult leadership has my permission to secure the services of licensed medical professionals to provide necessary care and treatment, including anesthesia, for his/her wellbeing.

Parent/Guardian (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If above parent/guardian cannot be reached, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: The Chrysalis flight will have a designated medical contact to implement required treatment. Be certain to list any medical conditions, allergies, dietary needs or other information on the application, as well as medications being used at the present time. Package and mark medications as outlined on the application.

**Please complete this application by acknowledging your agreement with your signature, today’s date and return all pages to the registrar.**

**I agree to abide by the rules and procedures established by the Iowa Walk To Emmaus (“IaWTE”) Board of Directors and the Chrysalis Committee, and will NOT bring or use any non-prescription drugs, opioids, alcohol or tobacco, nor any paraphernalia thereof, to or during the Chrysalis Flight Weekend.**

**MANDATORY ABUSE REPORTING**

As a Chrysalis team member there may be times during the course of the weekend when one or more youth participants, referred to as “caterpillars,” will come to you to share, to talk, or to have someone who will just listen to them. Chrysalis is a very powerful weekend, filled with many different emotional experiences. A caterpillar may come to you with something of a sensitive nature, and they might tell you things that they have never told anyone before.

We must remember however, that as much as we want to be available to these people, we are not trained counselors. If a caterpillar comes to you with a situation that makes you feel uncomfortable, you should let them know that, and suggest that they talk with one of the spiritual directors. For example, you could say “I don’t feel like I’m the correct person to help you with this problem. Would you like to talk with a spiritual director? If you’d like, I am willing to go with you.”

A situation may arise in which you strongly feel the person will be in danger upon returning from the weekend or is currently in danger. Situations such as these must be brought to the attention of a spiritual director. If someone is possibly in a dangerous situation, legally you cannot perform counseling beyond this point and a professional counselor (Clergy) MUST be consulted. Example: Say something to the effect of, “I want you to know at this point I am required to share this with the spiritual director because I think you are in danger. Would you like to go and do that now? I’m willing to go with you to talk to them if you would like, but even if you don’t, I’m required to share this with one of them.”

Unfortunately, we may have caterpillars in these situations on our week-ends and we need to do our best to protect them. Through Christ, we can set a positive example and be a friend. Some of them may never have experienced true Christian love before and we want to continue to draw them to it. However, we cannot let them stay in a dangerous situation. Look to Christ to lead you, pray with the caterpillar, help them turn it over to Christ, to let go and let God.

I understand the procedures and agree to comply with this mandatory reporting policy.

Signature of Servant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Servant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18:

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Image/Likeness Permission Form –** (Optional)

This form is to verify that you have given the Iowa Walk to Emmaus and Chrysalis (“IaWTE”) permission to use your image and likeness in the manner described here. In view of your rights under U.S. Copyright laws, please review the terms and sign below:

I certify that I have granted IaWTE permission to use my likeness and image on a royalty-free basis, to post the image on the web sites and social media maintained by IaWTE, including the absolute right to use the photograph(s), video and any other reproductions or adaptations, from my photographic shoot, for releases, training, and other distributed materials of IaWTE.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to the

(Print name)

terms of this form.

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

Signature Date

(Parent/Guardian signature is required if participant is under 18. No photographs will be taken during the flight, but rather at reunions and gatherings after the flight).