



Little Egypt Chrysalis Team Member Information Packet



Please visit us at
www.littleegyptchrysalis.com

This packet is to be filled out by all team members.

Flight Number: _____ Weekend Dates: _____

Team Member Information			
Last Name:		First Name:	
		MI:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Do you need a name badge? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes Name as you would like it to appear on your name tag.		Age: _____ Birthdate: _____
Address:		Phone Home:	Phone Cell/Other:
City:	State:	Zip:	Email: _____
Name and Denomination of Church:		Location:	Do you Attend Regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No
When and where did you attend Chrysalis or Emmaus, Number:		Community Name:	
Are you in a Reunion/Accountability Group? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes please list the name of your Reunion Group:	
Do you need a T-Shirt? <input type="checkbox"/> Yes <input type="checkbox"/> No	T-Shirt Size:	If yes please add \$10.00 to your team fees. T-Shirts are <u>not</u> required to serve on the weekend.	
Statement of Release			
Over the course of the Chrysalis weekend group pictures will be taken as well as some candid shots during dining and break times. By signing this application you acknowledge pictures, voice, and video recordings may be published by Little Egypt Chrysalis for the purpose of its ministry.			
Medical and Parental/Guardian Information			
If under 18 please obtain parental/guardian signature. If not please fill out and sign your own name.			
List allergies, medications being taken, medical problems, special diet, or other pertinent information: _____			
If I cannot be reached please call, Name: _____ Relation: _____ Phone: _____			
_____ has my permission to participate in all activities, including required transportation, on the Chrysalis weekend. In the event of an emergency, and I cannot be reached by phone, the Chrysalis staff has my permission to provide the medical care necessary for my child's well being. I also give permission to the Chrysalis staff to administer necessary prescription and non-prescription medication. We further do hereby release and discharge Chrysalis, it's board, agents, and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from this event.			
Team Member:		Date:	Phone:
If under 18, Parent/Guardian Signature:		Date:	Phone:
Special Needs			
Are there any additional circumstances concerning your participation in this ministry that we need to know about? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please explain: _____			
Completed Information and Team Fee Payment			
Please turn in your contribution of \$100.00, which partially off-sets the expenses for the weekend, and this information packet to the board representative. Please make checks payable to LITTLE EGYPT CHRYSALIS COMMUNITY or LECC . If you are unable to pay the team fee scholarship moneys are available upon request from the Little Egypt Chrysalis Board of Directors. Please notify the flight lay director immediately if you are unable to serve on the weekend. Both pages of this application must be completed to work on the flight.			
Will a scholarship be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please indicate how much: _____		

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _____ Gender (circle): Male Female Race: _____

Current Address: _____
Street/Apt #

_____ City State Zip Code

List all addresses at which you have resided in the past five years:

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed Date

Please type, use bold letters or label:

Mail this request to:
Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

Little Egypt Chrysalis Community (Agency Name)
Joshua W. Stafford (Contact Person)
P.O. Box 293 (Address)
Vienna, Illinois 62995 (City/State/Zip)

