LAKE CUMBERLAND AREA CHRYSALIS COMMUNITY VOLUNTEER SHEET Youth/Adult

This form is to be used by the community to develop a database of individuals who have interest in working on Chrysalis Flight and to record past activity of individuals who have contributed to the work of the Lake Cumberland Area Chrysalis Community. Team Fees are \$90 and should be paid prior to the flight. You may do this at team meeting or on-line at the website www.lcemmaus.com . IF you are an adult worker you will need a back ground check. Under 18 No back ground check needed.

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	eck needed.						
	e you an Adult (18 +)? Youth? If youth, age?						
	Have you worked a Flight in the past? Yes / No (If NO skip to question 6)						
2.	How many Flights have you worked in the past?If possible, list the Flight #'s:						
	What area have you worked? (<i>Please Circle</i>) Prayer Chapel, Agape, Kitchen, Conference Room,						
	rgy, Music Team, Board Rep., Logistics Typing-Copying						
4.	What strengths and/or talents do you have that would apply to your service to a Flight?						
5.	Have you given a talk in on a past Flight?YesNo (If so, what talk's have you given?)						
6.	Would you be interested in working future Flights?YesNo (If NO skip to #11)						
7.	. Do you have a personal relationship with Christ? Are you an active member of a local church? Yes/No Name of church Pastor's Name:						
8.	What area do you have interest in working? (<i>Please Circle</i>) Prayer Chapel Agape Kitchen Conference Room Clergy Music Team Board Rep. Logistics Typing-Copying						
9.	Are you interested in giving a talk?Yes (<i>Previous work of Flight required</i>)Not at this time.						
	Do you understand the commitment needed and the importance of the attendance of the team meetings?Yes_No (Normally 3-5 team meetings prior to any Flight)						
	If you cannot work a Flight and would like to donate a gift, contact one of the board members or use the PayPal nation Button on the LCAECC Website: http://www.lcemmaus.org						
Sug	gestions or Comments:						
Ch Hea 320 427	mplete the following and mail to Heather Brown , as soon as possible. Irysalis, Team Selection Chairperson Ather Brown Abrell Road Columbia, KY 728 Ather.burton@lindsey.edu						
	me: Address:						
	y, State, Zip:Your Walk/Flight #:						
	unty in which you live: Phone						
	ail: Fax: Birth						
	te:						

Sign and Date_____

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)

In the interest of safety and security I, the undersigned applicant (also known as "consumer"), authorize Lake Cumberland Area Emmaus Chrysalis Community through its independent contractor, First Advantage, to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Lake Cumberland Area Emmaus Chrysalis Community, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature:	Date	e:					
LCAECC must have a background check on file that is no more than 3 years old. Background checks may be sent to address below from the reporting agency if one has been completed by someone other than LCAECC.							
Identifying Information for (also known as "Consume	<u> </u>	mation Agen	су				
Print Name:		Middle		ast			
Current Address:							
Street /P. O. Box	City	State	Zip Code County	Dates			
Social Security Number:	Da	ytime Telephor	ne Number:				
Date of Birth:	Gender						
Please send this form to: (No fee is required)	Jerry Morgan PO BOX 148 Monticello, KY 426	33					