

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. These are done every 5 years. **Under 18 No back ground check needed.**

Are you an Adult (18 +)? _____ Youth? _____ If youth, age? _____

1. 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:

3. What area have you worked? (Please Circle) Prayer Chapel, Agape, Kitchen, Conference Room, Clergy, 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? ___Yes ___No (If so, what talk's have you given?)

6. Would you be interested in working future Flights? ___Yes ___No (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? (Please Circle) Prayer Chapel Agape Kitchen Conference Room Clergy
Music Team Board Rep. Logistics Typing-Copying

9. Are you interested in giving a talk? ___Yes (Previous work of Flight required) ___Not at this time.

10. 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)

11. If you cannot work a Flight and would like to donate a gift, contact one of the board members or use the PayPal
Donation Button on the LCAECC Website: <http://www.lcemmaus.org>

Suggestions or Comments: _____

Complete the following and mail to **Dustin Gosser**, as soon as possible.

Chrysalis, Team Selection Chairperson

Dustin Gosser

336 R. Gosser Rd.

Russell Springs KY 42642 Phone: 270-585-4943

Name: _____ Address: _____

City, State, Zip: _____ Your Walk/Flight #: _____

County in which you live: _____ Phone _____

Email: _____ Fax: _____

Birth Date: _____

Sign and Date _____

