



# Chrysalis Application Form

Please print and fill out all questions below so that we can better meet the needs of student.

Name of student: \_\_\_\_\_ Nickname (for name tag) \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Student cell phone: \_\_\_\_\_ Birth Day: \_\_\_\_\_  
 Circle: Male Female Student email address: \_\_\_\_\_  
 Parents names: \_\_\_\_\_ Parent cell phone #: \_\_\_\_\_ Parent email \_\_\_\_\_  
 Parents address: \_\_\_\_\_  
 Name of Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
 Phone number of Church: \_\_\_\_\_ Name of Church Youth Pastor: \_\_\_\_\_  
 Address of Church: \_\_\_\_\_  
 (Street/City/State/Zip)

**Medical information**

Does student have any medical conditions or physical needs which require special consideration? Circle: Yes No  
 If yes, explain: \_\_\_\_\_  
 Allergies (i.e. bee sting, food, latex, etc.): \_\_\_\_\_  
 Is student taking any medications? Circle: Yes No Explain: \_\_\_\_\_  
 Does student require any special foods? \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy I.D. #: \_\_\_\_\_  
 Secondary Insurance (if any): \_\_\_\_\_ Policy I.D. #: \_\_\_\_\_  
 Alternate contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**HIGH SCHOOL ONLY**

Grade level: \_\_\_\_\_  
 Name of H. S.: \_\_\_\_\_  
 Organizations/Clubs in which student is active:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Areas of interest: (athletics/drama/music, etc)  
 \_\_\_\_\_  
 \_\_\_\_\_

**COLLEGE/CAREER ONLY**

Year: \_\_\_\_\_ Major: \_\_\_\_\_  
 Career: \_\_\_\_\_  
 Organizations/Clubs in which student is active:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Number where student can be reached other than home:  
 (\_\_\_\_) \_\_\_\_\_ cell #: \_\_\_\_\_  
 Name of college: \_\_\_\_\_  
 High school attended: \_\_\_\_\_

**To be completed by parent or guardian of minor:**  
 \_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency, the Chrysalis staff has my permission to secure the services of qualified medical personnel to provide the care necessary for my child's well being: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature parent/guardian Date

**FOR STUDENT:** Has Chrysalis been explained to you? Yes No State briefly why you wish to be involved in Chrysalis and what you expect from the flight: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant's signature: \_\_\_\_\_

Please enclose a registration fee of \$25.00 with the application. Make checks payable to the Greater Indianapolis Area Emmaus Community. You will be notified by the registrar of your acceptance with the date and location of your flight. Please send the completed application and fee to the Registrar:

Mike Dutton  
 736 Leisure Lane  
 Greenwood, IN 46142

Please complete both pages of the form

## SPONSORS

This section is to be completed by the sponsor and a pastor, youth counselor, teacher, or coach who knows the applicant well. This information will help us place an applicant in appropriate groups. All information is kept in strict confidence. *This applicant will not be included on the flight unless a completed reference form is received.*

Sponsor's name: _____
Sponsor's home phone #: _____ Sponsor's cell #: _____
Sponsor's address: _____ (Street/City/State/Zip)
Sponsor's email address: _____
How long have you known the applicant: _____ In what capacity: _____

<b>PLEASE CIRCLE APPROPRIATE COMMENT:</b>			
Maturity:	Low	Average Mature	Very mature
Psychological adjustment:	Poor	Average Good	Excellent
Relationship with peers:	Quiet/shy	Reticent Domineering	Well liked
Briefly describe how the applicant might react when placed in a situation not completely familiar: _____			
_____			
_____			

Please furnish any additional information below that might help the team understand and deal more effectively with the needs of the applicant (home life, doubts, hopes, difficulties, faith/values, etc.): _____
_____
_____

<b>Sponsor: College/Career only – to be completed by the sponsor:</b>
How long have you know the applicant? _____ What capacity? _____
Why do you think this person would benefit by attending the weekend? _____
_____
Please make any additional comments you believe will be helpful or should be brought to the attention of the Spiritual Director and Team (including mental health, spiritual, or emotional concerns.) _____
_____
_____

<b><u>FOR ALL APPLICANTS:</u></b>
Sponsor's name: _____ Sponsor's signature: _____

Thank you for your time and interest in the Greater Indianapolis Area Chrysalis Community. Additional information can be obtained at either <a href="http://www.indyemmaus.org">www.indyemmaus.org</a> or <a href="http://Chrysalisgia.webs.com">Chrysalisgia.webs.com</a> .
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