

I WOULD LIKE TO BE A SERVANT ON THIS YEARS CHRYsalis JOURNEY/FLIGHT	Dates	Tick
Young Girls Flight #85	28 <sup>th</sup> June – 30 <sup>th</sup> June 2019	
Young Men's Flight #86	5 <sup>th</sup> July – 7 <sup>th</sup> July 2019	

Please scan & send your completed form to Team Selection Committee on E-mail: [teamselection@sonvalley.co.za](mailto:teamselection@sonvalley.co.za)

### TO BE COMPLETED BY THE APPLICANT

Name & Surname			
Email address			
Home phone no		Facebook	Yes No
Cell phone no		Gender	Male Female
Date of birth (dd/mm/yy)		Age	
Church attended			
Briefly state your current Church involvement & ministry areas			
Please specify any dietary requirements etc.			
Signature of applicant			

Chrysalis or any associated organization does not take any responsibility for any loss or injury during the weekend

### INDICATE HOW MANY TIMES YOU HAVE SERVED ON TEAM IN THE FOLLOWING CAPACITY

It is very important for the Team Selection Committee to know how many times you have served on Team in the following capacity:

Support Team		Servants Table		• Support Team Coordinator	
Music Team		• Board Rep		• Prayer Chapel	
Assistant Table Leader		• Assistant Lay Director			
Table Leader		• Lay Director			

*Please note that the Servants Table appointments will be confirmed by the Chrysalis Board*

### TEAM FORMATION (TRAINING DATES) FOR FLIGHTS ARE AS BELOW (VENUES TO BE ADVISED) :

I commit to attend all training dates below and will accept and be obedient to the authority and discipline under which I serve:	
24 – 26 MAY 2019	

### PLEASE INDICATE WHAT MUSICAL INSTRUMENTS YOU PLAY

Please indicate whether you are able to sing/not sing and which musical instruments you are able to play	
I do sing	
I do not sing	
I play the following instruments:	

### TO BE COMPLETED BY THE MINISTER, PASTOR OR PRIEST

I declare that the applicant is a member in good standing of my church and is aware of the commitment required to serve on and Chrysalis team and support his/her application			
Minister/Pastors Full name		Church	
Email address		Telephone no	
Signature		Date	

It is essential to get your minister to approve and sign. No forms will be accepted without this.

### DECLARATION TO SERVE ON A CHRYSALIS TEAM

I	I hereby volunteer in the relevant servant capacity that Team Selection Committee prayerfully consider placing me.
I	I will attend all the Team formations and meetings as indicated above.
I	I am aware that my attendance at these events is necessary and secures me as part of the Team, with my arrival at eMseni on the Chrysalis weekend starting on the Thursday afternoon and will finish on Sunday at 17:00 with packing up.
I	commit to attend the "Post Walk Reunion" and all Jols/Gatherings and maintain contact with Pilgrims for at least 12 months past the Flight/Journey.
I	commit to participate in prayer for the pilgrims and team members serving on the Chrysalis weekend.
I	I will accept and be obedient to the authority and discipline under which I serve.
I	I am not aware of any spiritual or moral issue in my life that will prevent me from being a faithful witness of Jesus Christ whilst serving on Chrysalis
I	I will pay the required fees in the given bank account with my First name and Surname as reference. Note 50% of team fees are to be paid by 1 <sup>st</sup> training day and outstanding balance no later than the last training day. If your team fees are not paid by this time, you will be asked to step down from the walk.

### MY EMMAUS/ALARGA/CHRYSALIS HISTORY IS AS FOLLOWS:

<b>Please indicate your Emmaus/Alarga/Chrysalis history for info/database update:</b>	
Pilgrim Walk number:	
<b>Previous talk/s given:</b>	
Chrysalis Confirmation of Eligibility to work with children in terms of the Children's Act 38 of 2005 and any future applicable amendments: I confirm that I have not been found unsuitable to work with Children, in terms of Sections 120 to 123 of the Children's Act.	
Signature:	Date:

### PRACTICAL STEPS TO FOLLOW ONCE FORM HAS BEEN COMPLETED:

- 1) Make sure that application form is FULLY COMPLETED AND SIGNED.
- 2) Make sure that your Minister/Pastor has completed declaration and signed your application form.
- 3) Make sure your completed and signed form is emailed to the Team Selection Committee as soon as possible.

### TO BE SIGNED BY APPLICANT

Full Name	
Signature	
Date	

### COST OF THE WEEKEND

### FOR MORE INFORMATION, PLEASE CONTACT

<p><b>The Flight/Journey fees for 2019 are R1150.</b></p> <p>Payment can be made by deposit/EFT into the following Bank account:</p> <p>Son Valley Emmaus Community</p> <p>Standard Bank, Benoni</p> <p>Account no: 022419071 Branch code: 013042</p> <p>Reference: Name &amp; Surname</p>	<p><b>Community Lay Director:</b></p> <p>Gerhard Cloete</p> <p>Cell: 082 552 2269</p> <p>Email: <a href="mailto:cld@sonvalley.co.za">cld@sonvalley.co.za</a></p> <p><b>Team Selection Committee:</b></p> <p>Email: <a href="mailto:teamselection@sonvalley.co.za">teamselection@sonvalley.co.za</a></p>
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### pTEAM SELECTION COMMITTEE USE ONLY:

FLIGHT/JOURNEY NUMBER:	
SERVANTS CAPACITY ALLOCATED:	
TALK GIVEN WHERE APPLICABLE:	