

**CHRYSALIS VOLUNTEER FORM**  
**New Covenant Chrysalis Community**

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (Area Code) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Walk/Flight #/location \_\_\_\_\_ Church: \_\_\_\_\_

**Areas in which you would most like to serve:**

“Outside Support Committees” \_\_\_\_\_  
(agape, worship, meal service, table decorations, refreshments, prayer chapel, logistics, prayer vigil, candlelight, sponsor’s hour/closing, entertainment, mimes)

“Conference Room Members” \_\_\_\_\_  
(ALD, ASD, Table Leader, Asst Table Leader. Note whether you are willing to give a talk)

Music \_\_\_\_\_  
(note instruments you play, if any)

Previous team experience (positions held, date last served): \_\_\_\_\_

Do you require special medical, dietary (allergies), or physical considerations? \_\_\_\_\_

Will you dedicate sufficient time to attend mandatory team meetings over a four week period? \_\_\_\_\_  
(Up to 20 hours for Conference Room members and up to 6 hours for Outside Support members)

Are you able to afford the fees (up to \$95) associated with service on a Chrysalis Team? \_\_\_\_\_

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**MAIL YOUR COMPLETED FORM TO:**

**New Covenant Chrysalis Community**  
**ATTN: Registrar**  
**P.O. Box 2376**  
**Madison, AL 35758**

**You can also turn in completed forms to a Chrysalis Board rep at any NCEC gathering.**

All volunteer forms are reviewed by the New Covenant Chrysalis Team Selection Committee. After the review, volunteers will be notified by Walk Lay Directors.
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