



## Delmarva Chrysalis Request for Reservation

(For participants who will be 18 OR OLDER during the weekend)

Sponsors are asked to read the following statement carefully and give it their prayerful consideration. Emmaus and Chrysalis are methods of Christian renewal in the church. Individuals who are recommended for Chrysalis should have an active desire to deepen their faith and their understanding of God's love and become closer to Christ in their daily lives and discipleship. A sponsor should pray for the candidate's spiritual, physical, mental and emotional growth and needs. In addition, the Sponsor is requested to provide information to the candidate, to assist him/her in the Chrysalis experience, and to provide transportation to and from the Chrysalis Weekend.

### SPONSOR INFORMATION (please print legibly)

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Church Name/Denomination \_\_\_\_\_

Church Address, City, State, ZIP \_\_\_\_\_

When and where did you attend the Walk to Emmaus/Chrysalis? \_\_\_\_\_

Candidate's Name \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

Please furnish any additional comments that you feel could help the team understand and relate with the candidate. Comments about the candidate's family, personality, attitude towards life, doubts, difficulties, and hopes may be of significance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you reviewed *The Steps of Sponsorship*? [ ] Yes [ ] No

*If you are sponsoring within 6 months of your weekend or more than one person on a single weekend, you MUST have a co-sponsor. ALSO, if you are under 18 years of age you MUST have an Emmaus adult co-sponsor. Others may also have cosponsors to assist them. (Suggestion: Adult sponsors please)*

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

### CO-SPONSOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Church Name/Denomination \_\_\_\_\_

Church Address, City, State, ZIP \_\_\_\_\_

When and where did you attend the Walk to Emmaus/Chrysalis? \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

Co- Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

# Delmarva Chrysalis Request for Reservation, continued

(For participants who will be 18 OR OLDER during the weekend)

Sponsor: \_\_\_\_\_ Co-sponsor: \_\_\_\_\_

## CANDIDATE INFORMATION

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Do you check this regularly?  Yes  No

Gender (check one)  Male  Female Date of Birth \_\_\_\_\_

Name of High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Have you and your parents/guardians read the Chrysalis Brochure "*Ready for Your Flight with Christ*"?  Yes  No

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address, City, State, ZIP \_\_\_\_\_

In what church or community activities are you currently active? \_\_\_\_\_

Please list three words that best describe you (quiet, easy-going, happy, reserved, laid-back, humble, modest, pleasant, good-humored, enthusiastic, indifferent, helpful, good-natured, smart, etc.):

Are you on a special medication?  Yes  No Are you on a special diet?  Yes  No

Do you have physical limitations?  Yes  No

Please explain any "yes" answers on the lines below:

Please note that no written confirmation should be expected as a result of this Request for Reservation. Once selected for a weekend you will receive an invitation letter providing additional information on the weekend and instruction for acceptance. Any questions regarding the status of this Request for Reservation should be addressed to the sponsor(s).

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

*In order to be considered for Weekend Participation, Participants who will be 18 YEARS OF AGE OR OLDER AT THE TIME OF THE WEEKEND must submit must complete and submit this five page form which includes:*

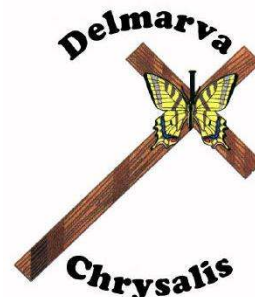
- A 2-page Request for Reservation
- A 1-page Release & Consent Form
- A 1-page Background Check
- A 1-page Emergency Contact Form

This COMPLETED application should returned to:

Glenn & Christine Spencer  
Chrysalis Registrars  
87 Middlecroft Road  
Elkton, MD 21921

Email: [cregistrar@flywithchrist.org](mailto:cregistrar@flywithchrist.org)

For additional information call  
443-553-7684



# Delmarva Chrysalis Request for Reservation: Background Check Form

(For participants who will be 18 OR OLDER during the weekend)

## DISCLOSURE

By signing below, you acknowledge and understand that in connection with your agreement to participate in a Delmarva Chrysalis Event, we may obtain an investigative report on you in strict compliance with both state and federal law. An investigative report is any communication of information by a reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your eligibility to serve the Community. An investigative report may be obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: criminal records, driving history records, education records, previous employment history, military records, professional licensure records, eviction records, drug testing, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that this information may be obtained only after submitting an application to attend a Delmarva Chrysalis Community Event. You are hereby notified that you have the right to make a timely request for a copy of the above investigative background report contained in the Delmarva Chrysalis Community's files on you at the time of your request by providing proper identification and the payment of any legally permissible fees. You are further notified that, prior to being denied the opportunity to participate in a Community Event based in whole or in part on information obtained in the report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency. This is NOT a credit check or a check on anything credit related.

## AUTHORIZATION

By signing below, you hereby authorize, without reservation, any party or agency contacted by this organization to furnish the abovementioned and requested information. You further authorize ongoing procurement of the above mentioned information, reports and records at any time during your period of service with the Delmarva Chrysalis Community. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any present or former employer, school, police department, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish the Delmarva Chrysalis Community with any and all background information in their possession regarding you, so that your participation qualifications may be evaluated.

By signing below, you certify you have read and fully understand this disclosure and authorization and that all of the information you are providing is true, complete, correct and accurate.

The following is information required in order for the Delmarva Chrysalis Community to obtain a complete investigative report:

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PRINT FULL LEGAL NAME (First, Full Middle Name, Last Name)

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STREET ADDRESS

---

CITY

STATE

ZIP

---

SOCIAL SECURITY NUMBER

DATE OF BIRTH

RACE

GENDER

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DRIVER'S LICENSE NUMBER

ISSUING STATE

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OTHER FORMER NAMES, if applicable (aka, maiden names, married names, surnames etc.)

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APPLICANT'S SIGNATURE

DATE

# Delmarva Chrysalis Request for Reservation: Release of Liability and Consent

(For participants who will be 18 OR OLDER during the weekend)

## DISCLOSURE

The purpose of gathering the information on this form is to provide leader(s) with the information needed to facilitate the activities of youth participating in the Chrysalis Weekend activities and to be able to respond in the event of an emergency. This form is to be completed and signed by the participant prior to the weekend.

Name of participant _____	Birth Date _____
Address _____	Home Phone _____
City, State, ZIP _____	Cell Phone _____

## PHOTOGRAPHY/VIDEO RELEASE

Throughout the Chrysalis Weekend, leaders may take photos and/or video of persons participating in activities. These photos and/or short videos may be displayed on the Delmarva Chrysalis website and/or our authorized Facebook Group. Potentially some photos may be used in a Community newsletter, publication or promotional material in which case specific permission to publish names would be sought; otherwise, names are not published. By signing below, I consent to the use of images of child/ward as indicated.

## AUTHORIZATION FOR MEDICAL TREATMENT

This release and consent gives Chrysalis permission to take me to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact my listed Emergency Contact person. However, in case of emergency, if they cannot be reached, I hereby give Chrysalis permission to act on my behalf in seeking medical treatment by qualified personnel for me in the event that such treatment is deemed necessary or advisable for my health, safety and welfare. I release Chrysalis and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

## RELEASE OF LIABILITY

I understand that participating in Chrysalis activities is a privilege. In consideration of this privilege, I release Chrysalis, including its directors, volunteers, employees and agents from and against any liability or claims for any loss, costs, damages, or injuries (including reasonable attorneys' fees and expenses) in any way arising from their participation in the Chrysalis Weekend.

I understand the program will include traveling by bus or in vans from New Castle County, Delaware to Camp Pecometh, Queen Anne's County, Maryland, from Camp Pecometh to a nearby church, and from Camp Pecometh back to New Castle County, Delaware.

By signing below, I agree that this release shall be binding upon me and my estate, heirs, personal representatives and assigns. I also promise, by signing below to defend, indemnify and hold Chrysalis harmless from any claim asserted by me against Chrysalis, including its directors, volunteers, employees and agents.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

