

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 meetings or on-line at the website www.lcemmaus.com . IF you are an adult worker you will need a background check. Under 18 No background check needed. To be an "Adult worker" you must be age 21+. Are you an Adult (18 +)? _____ Are you age 21? _____ 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 in? (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 on a past Flight? ____ Yes ____ No

If yes, what talks have you given? _____

6. Would you be interested in working on 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/s do you have interest in working? (Please Circle) Prayer/Chapel/Agape/Kitchen/Table Leader/Assistant Lay Director/Lay Director/Clergy/Music/Board Rep./Logistics/Angel/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 (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>

Additional Comments:

Complete the following and mail as soon as possible to:

Isaac Allen

1714 B Canal Lane

Georgetown, IN 47122

text/call: 270-433-1450

Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Your Walk/Flight #: _____ County in which you live: _____ Phone _____

Email: _____

Sign _____ Date _____

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)

In the interest of safety and security I, the undersigned applicant (also known as "consumer"), authorize Lake Cumberland Area Emmaus Chrysalis Community through its independent contractor, First Advantage, to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Lake Cumberland Area Emmaus Chrysalis Community, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____

Date: _____

LCAECC must have a background check on file that is no more than 5 years old. Background checks may be sent to the address below from the reporting agency if one has been completed by someone other than LCAECC.

Identifying Information for Background Information
Agency (also known as "Consumer Reporting Agency")
Print Name:

First Middle Last
Current Address:

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Date of Birth: _____

Gender _____

Please send Jerry Morgan
this form to: PO Box 148
(no fee required) Monticello, KY 42633