



SON VALLEY CHRYSALIS TEAM VOLUNTEER FORM 2010



2010 Chrysalis Dates at eMseni, Benoni		
Please indicate which walk you would like to serve on:	Diarise and please tick appropriate box:	
Young Ladies #65 - 15yrs upwards to 28 years on discretion of Sponsor	17th- 20th June	
Young Men #66 - 15yrs upwards to 28 years on discretion of Sponsor	24th- 27th June	

Team Fees and my attendance in serving on:		
TEAM FORMATIONS:	Diarise and please tick appropriate box:	
Combined Flights/Journeys: 65 & 66	Saturday 08th May, Saturday 22nd May, Saturday 05th June.	
JOLS/GATHERINGS:	Diarise and please tick box:	
All existing Chrysalis and Emmaus Community	Saturday 30th January	
	Saturday 10th April	
	Saturday 24th July	
	Saturday 2nd October	

- ✦ I would like to volunteer to serve Christ on Chrysalis in 2010 and send this as my Team Volunteer Form for the process of Team Selection to take place.
- ✦ I will pay the required Team Fees of **R480** into the given bank account details (Emmaus Son Valley, Standard Bank Benoni, Branch Code 013042, Account Number 022419071) with my First Name and Surname as the Reference, when I'm confirmed as part of the Team by the Team Selection committee.
- ✦ I will participate in the Team Formations, Team Meetings, Jols/Gatherings and maintain contact with Team Members and Pilgrims post the weekend date, for at least 12 months as this is my commitment to our Fourth Days.

I am aware that my attendance at these Community events are necessary and secure me as part of the Team with my arrival at Son Valley's weekend venue (eMseni, Road No. 5, Brentwood Park, Benoni Tel 011 973 5126 / 082 796 9333) for set up from 10:00 and team registration at 17:30 on the Thursday of the weekend and will be finished serving on the Sunday at 17:00 with packing up.

I commit to participating in prayer, serving and attending the Formal Dinner, Candlelight and Closing of the Chrysalis counterpart male\female weekend.

In the spirit of Chrysalis I undertake to be part of the team where necessary and step down from serving if I have already served in the current year at a previous Chrysalis/Emmaus weekend, giving preference to Community members that have previously not served to be part of the weekend. And my attendance in serving more than once a year will be secured with the final decision of the Son Valley Chrysalis Board in the capacity necessary to serve.

I acknowledge that any deviations from these commitments are to be addressed, discussed and agreed with the Lay Director of the weekend and the final decision is that of the Son Valley Chrysalis Board. All correspondence will be sent to me via the Lay Director of the weekend.

I accept all of the above as I am a vessel of Christ through which I serve, not I/others but Christ!

If you are under the age of 21 years, please ask your parents to sign this form and submit thereof on your to Fax 086 684 0027, or email Team Selection at sonchrysalis@mweb.co.za

NB! No forms will be accepted unless signed by the applicant's minister.
 Send forms Fax 086 684 0027, or email Team Selection at sonchrysalis@mweb.co.za
NB: cut off date for combined Flights/Journeys is Monday 22nd February 2010
 For more info contact Sharon Meyer @ 082 318 2997 or Greg Macrae @ 078 419 1951



SON VALLEY CHRYSALIS

TEAM VOLUNTEER FORM 2010



I am willing to serve in the following capacity: (Please tick appropriate box)			
Table Leader		Assistant Table Leader	
Support Team		Clown (on counterpart weekend)	
Singer		Gift/Donations	
Music		Advise instrument:	
Servants Table		Servants table appointments will be confirmed by the Board	
Prayer Chapel		Entertainment	
		Any Capacity	

FIRST NAME	
SURNAME	
DATE OF BIRTH - DDMMYY	
E-MAIL ADDRESS	
POSTAL ADDRESS	
CELL NO	
TEL NO HOME	
TEL NO WORK	
FAX NO	
CHURCH	
CURRENT INVOLVEMENT	
MINISTER	
FLIGHT/JOURNEY/WALK #	
SERVED PREVIOUSLY AS	
PREVIOUS TALK # & TITLE	

Signature: _____ Date: _____

Minister's Name: _____ Minister's Signature: _____

Indemnity (To be signed by parent / guardian if applicant is under 21):

Son Valley, Chrysalis or any associated organisation will not be held responsible for any injury, loss or damage whatsoever which may occur during the Chrysalis Flight /Journey.

Name: _____ Signature: _____

Relationship: _____ Date: _____

Cell No. _____ Telephone No. _____

FOR OFFICE USE ONLY			
Date form received: _____	Walk No.: _____	Date of Walk: _____	
Attendance <input type="checkbox"/> Confirmed / <input type="checkbox"/> Cancelled - Date: _____ by: _____			
Postponed to: _____			
Payment received:	<input type="checkbox"/> DEPOSIT	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE <input type="checkbox"/> EFT
Date: _____			
Received R _____	Receipt No. _____	To pay R _____	
Volunteer Form received and filed by: _____			

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