



Team Information Form

Name: _____ Age: _____ Birth Date: _____ Sex: _____

Street Address: _____ Phone: _____ Cell/Pager: _____

City: _____ State: _____ Zip: _____

Email Address: _____ T-Shirt Size S M L XL XXL XXXL

Name or Nickname to be printed on Nametag (if needed): _____

Name of church now attending: _____

In the event of an emergency, illness or accident, family will be contacted at the earliest possible moment. However, as contacts cannot always be made immediately, we need permission for medical care, signed and notarized. **EVERYTHING ON THIS FORM MUST BE COMPLETED.**

To be completed by Parent or Guardian (if under 18 years of age) otherwise by Volunteer:

In the event that the above named person suffers any illness or accident requiring hospitalization, medication, or surgery while participating in the Chrysalis weekend, I hereby give my permission for treatment to the person in charge of the weekend in consultation with local medical personnel, understanding that I will be contacted at the earliest possible moment.

Signed: _____ Printed: _____

In case of emergency, call: _____ Relationship: _____

Phone: (Home) _____ (Work) _____ (Cell/Pager) _____

If you cannot be reached, call: _____ Relationship: _____

Phone: (Home) _____ (Work) _____ (Cell/Pager) _____

Please list any medical allergies, medication being taken, special diets, medical problems or other pertinent information: _____

The above named person has permission to take "over the counter" medication for headaches, coughs, sore throat, stomachaches. Yes _____ No _____ Any exclusions: _____ (Please initial _____)

INSURANCE INFORMATION

Insurance Company: _____ Policy #/Group#: _____

Primary Care Physician: _____ Phone: _____

NOTARIZATION

(Required if Volunteer is Under 18)

To be completed by Notary Public, State of Florida:

I, the undersigned authority, hereby certify that the foregoing is a true and correct copy of the instrument presented to me by _____ as the original of such instrument.

Witnessed by hand and official seal, this _____ day of _____, 20____.

Notary Public, State of Florida

My Commission expires:



Criminal Background Check Authorization Form

To be completed by all Volunteers 18 years of age and older

As a religious organization we value the safety of children in our care, our volunteers and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, Florida Crown Chrysalis mandates that criminal history background checks be conducted for all volunteers who have unsupervised contact with a child, or persons with disabilities. Please complete this form of basic information about yourself, which assures the best possible program and safety for all.

Please complete your responses to the following questions and return this form to the Asst Lay Director-Inside of the weekend.

Name:	Date of Birth:	Social Security #:	
Address:	City:	State:	Zip:
Known by any other name(s) including maiden or other married names:			

Number of years in Florida:	If less than 7 years, previous residence(s) outside of Florida:				
	a. _____ Street	_____ City	_____ State	_____ Zip	_____ County
	a. _____ Street	_____ City	_____ State	_____ Zip	_____ County

Place of Employment:	Work Phone:	Home Phone:
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Driver's license #:	State:	*Race:	*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval of records.

Authorization:

I understand that investigative inquiries on my background are to be made on me, to assess whether any reason exists that would suggest that I not be eligible to work on any Chrysalis team. These inquiries will be made according to policies of Florida Crown Chrysalis and will consist of a criminal history background check using the services of a designated outside firm. The information received will be kept confidential and will be used only to determine my suitability to volunteer to work on any Chrysalis team.

I also understand that no adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with youth in any community-sponsored activity. All adults involved with youth of our community shall observe the Child Protection Policy at all times. In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future.

I authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation.

I had a background check within the past 5 years by _____ and am requesting a copy to be sent to: Orange Park UMC c/o Will Clark, 152 Stowe Avenue, Orange Park, FL 32073

Signature of Applicant _____
Date

For Office Use Only:

Date Submitted for Background Check:		Submitted By:	
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