



NIEC Flight Application Information

(It is necessary that an applicant have a sponsor who has attended an Emmaus/Chrysalis weekend. The sponsor along with the "caterpillar" will then need to submit application and \$60.00 deposit for the registration fee. The full cost of the walk is now \$120.00.)

- Caterpillar Letter Sent
- Sponsor Letter Sent
- Posted to Website
- Payment Rec'd

Preferred First Name: (Will appear on Name Badge)	Date of Birth ____/____/____	T-Shirts Size: _____
Last Name:	Gender: Male Female	

Street Address:	Mailing Address if Different:
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City:	State:	Zip Code:
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Email Address:

Home Phone:	Mobile Phone:
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Church Name/ Denomination

Emergency Contact:	Home or Mobile Phone:
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Has your sponsor explained the Chrysalis Flight to you? Yes or No
State briefly why you would like to attend: _____

Yes / No	Could you partake in open communion?
Yes / No	Are you willing to dedicate a complete 72 hours to attend the walk?

Health & Dietary Information

Please complete the following medical and dietary information, which will assist us to help you have enjoyable time on the Walk.

() Asthma	() Epilepsy	() Migraine	() Travel Sickness
() Diabetes	() Blood Pressure	() Bronchitis	() Other: _____
() Heart Condition	() Hay Fever	() Head Aches	() Other: _____

Do you require MEDICATION at set times during the day or night? Yes or No (please specify)
Medication Dosage Frequency/Timing

Do you suffer from other Aliments or Disabilities:	Yes or No
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Do you suffer from any ALLERGIES? Yes or No (please specify) _____

Insurance Information

Coverage provided by: _____

Group plan no: _____

Employee Name: _____

Benefit information Phone Number: _____

It would be beneficial if a copy of the insurance card (front & back) was attached to this permission slip.

In the event of a medical emergency, I do hereby give my permission for the participating team members of NIEC Walks and Chrysalis Flights to seek medical attention. I understand that every effort will be made to reach my emergency contact prior to seeking medical attention, unless the particular situation does not allow due to the threat of loss of life.

Signature of Applicant or Parent/Guardian

Date

Photos are taken over the weekend. I hereby give permission to North Indiana Emmaus Community to use any photos taken of me over the weekend in all forms of social media, advertising and all other lawful purposes.

Yes or No (Circle one)

Information Privacy:

() I authorize the release of my application information for the purpose of planning & conducting the Walk to Emmaus. After an Application received placement on a Walk to Emmaus weekend, these applications will be forwarded to the director of the weekend. During the process of organizing a Walk to Emmaus weekend the application information will be shared only with the appropriate team members where it will remain confidential. (Signature of parent or guardian is required if attendee is under the age of 18.)

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Phone#: _____ **Alt. Phone #** _____

Flight Sponsor Information

First Name:

Last Name:

Street Address:

Mailing Address if Different:

City:

State:

Zip Code:

Email Address:

Home Phone:

Mobile Phone:

Church Name/
Denomination

Emmaus Community:

Your Walk/Flight #
Location:

Reunion Group:

Do you commit to pray for and support the applicant and their family before, during and after the walk? Yes or No (***This includes all weekend activities and taking the applicant to their first Reunion Group Meeting.***)

Does the applicant have a spouse who is also being sponsored? Yes or No

Briefly states why you recommend this applicant to attend a walk: _____

Does the applicant need financial assistance for the \$120.00 cost to attend the walk? Yes or No

(Checks may be written out to NIEC (North Indiana Emmaus Community) Mail check and application to: Amy Kauffman 558 N. Locke St., Nappanee, IN 46550.

North Indiana Emmaus Community/North Indiana Chrysalis Screening form

This form is to be completed by all applicants (**18 and older**) for participation and volunteer position involving the supervision, custody or care of minors or persons with disabilities. It is not an employment application. This form is used to help the North Indiana Emmaus Community/North Indiana Chrysalis provide a safe and secure environment for those who participate in North Indiana Emmaus Community and North Indiana Chrysalis programs.

NOTE: Information provided will be used only for the purpose of the North Indiana Emmaus Community/North Indiana Chrysalis

DATE: _____

NAME: _____
(first) (middle) (last)

DATE OF BIRTH: _____ GENDER: _____

RACE: _____

PRESENT ADDRESS _____
(street address)

(city) (state) (zip)

LENGTH OF TIME AT PRESENT ADDRESS: _____

Less than one year, please provide prior address _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

Have you ever been convicted or pleaded guilty to a crime or sexual abuse?

YES _____ NO _____ (If yes, please explain – attach separate page, if necessary)

Is there any fact or circumstance involving your background that would call into question your being entrusted with the supervision or working with a minor on a team?

YES _____ NO _____ (If yes, please explain – attach separate page, if necessary)

Are you willing to permit a police background check? YES _____ NO _____

If yes, please sign release (On other page/side)

APPLICANT'S STATEMENT OF OWNERSHIP, VERIFICATION and RELEASE The information contained in this application is true and correct to the best of my knowledge. I authorize any references or churches listed in this application or my Yes Application to give you any information that they may have regarding my character and fitness to work for and with minors. I further agree and understand that this screening will include verification against the Sexual Offender Registry and could include a criminal history background check. Should my application be accepted, I agree to be bound by the Child Protection Guidelines and Procedures of the North Indiana Emmaus Community/Chrysalis, which I understand will be provided at the first team meeting. If training is not provided at the first meeting; I agree to bring it to the attention of the weekend Lay Director that I have not been trained in the policies. I understand that this application form and all parts of this file are to be kept in confidence and are the sole property of the North Indiana Emmaus Community/Chrysalis and are not available for my review.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

APPLICANT'S SIGNATURE: _____ DATE: _____

Mail to:

Cindy Hall

60 N Main Street

Laketon, IN. 46943

NOTE: To be accepted as a team member, you must also complete and submit in writing the screening application form. The screening application maybe downloaded but the original with original signature must be on file, which can be downloaded, printed, signed and mailed.

Sexual Offender registry checked: _____ (Registrar Use only)