

Pennyrile Chrysalis Volunteer Application

(Please Print)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Flight/Walk you attended: _____

Age: _____ *(all ages welcome)* Phone Number/s: _____

I am interested in serving on a Pennyrile Chrysalis Flight in the following area(s):

(check all that apply)

_____ **Lay Director**

_____ **Youth or Adult Assistant Lay Director**

_____ **Spiritual Director**

_____ **Youth or Adult Table Leader**

_____ **Youth or Adult Music Team**

_____ **Youth or Adult Agape Team**

_____ **Youth or Adult Kitchen Team**

_____ **Youth or Adult Dining Steward**

I have previously served on an Emmaus Walk or Chrysalis Flight as *(Please list number of Walk/Flight and position(s) served):*

Please complete this form and send to: **Pennyrile Chrysalis Community,**

P.O. Box 121, Hopkinsville, KY 42240