

Rise to a New Day...



Northern Lights Chrysalis Community

Servant Reference Sheet

Full Name _____
Address _____ City, State, Zip _____
Phone _____ E-mail _____
Church _____

Youth: _____ Adult: _____

Your Flight/Walk: Date: _____ #: _____ Community _____

Previous Live-in Team Experience (if any)

Date & Flight#	Community	Position (i.e. ALD, Table Leader)	Talk Given (if any)

Live-in Team Interest

_____ALD / LD _____Spiritual Dir / ASD (clergy only) _____Table Leader
_____ Music (please list any instruments played) _____
_____Agape _____Prayer _____Logistics _____Kitchen

Flight Support Interest

_____Clowning _____Special Music _____Entertainment _____Setup / Cleanup
What other skills or areas of service might you be willing to offer the community? _____

Please mail the completed form to:
Northern Lights Chrysalis Community * P.O. Box 1634* West Chester, OH 45071
ChrysRegis@northernlightsemmaus.org * Fly with Christ!!!