

KAIROS PRISON MINISTRY INTERNATIONAL INC.

Weekend Leader Nomination Form for

Kairos Inside Kairos Outside Kairos Torch

To be completed by the Advisory Council

The _____ Advisory Council nominates:

Name: _____ Phone: _____

Address: _____ E-mail: _____

City/Town: _____ State: _____ Zip: _____

Denomination: _____ Worships At: _____

Interviewed by the Advisory Council on: _____ Comments: _____

Has the nominee met the leadership track requirements for their Kairos Program? Y N

Number of Kairos Weekends nominee has served? _____ Led a prior Kairos Weekend? Y N

Is the nominee involved in the Kairos Continuing Ministry of their Program, if applicable? Y N N/A

Kairos Weekend jobs held in order to meet leadership track requirements (N/A for Kairos Torch):

Kairos talks given (minimum 2 for Kairos Inside and Kairos Outside): _____

Nominee's attendance record at past team formation meetings? _____% (N/A for Kairos Torch)

Location and date of Advanced Kairos Training attending: _____

Will serve as Observing Leader (or OL#1) on Weekend # _____ Date: _____

Will serve as Kairos Outside OL#2 on Weekend# _____ Date: _____

If approved, will serve as Leader of Weekend # _____ Date: _____

I have been briefed on the requirements for being a Weekend Leader, including Advanced Kairos Training (AKT), the use of EZRA and will follow the Program Manual.

Signature of Nominee for Weekend Leader Date _____

Advisory Council Chair Signature: _____ Date _____

Approved By (State) Committee: Y N

State Chair Signature: _____ Date _____