



PROCEDURE AND GUIDELINES FOR SCHEDULING VIRTUAL ADVISORY COUNCIL TRAINING

(Please read this entire document before you make plans for ACT training)

Purpose of Advisory Council Training: Our Advisory Councils are charged with implementing all our ministry's programs at the local community level. Every Advisory Council has a part to play in the overall success of the ministry. The Advisory Councils also play a vital role in making sure that Kairos programs are run consistently across communities, and within facilities in a way that honors God as well as all the legal requirements for nonprofit ministries. This training will serve as the catalyst to provide local Advisory Councils with all the tools they need to operate efficiently, to understand their roles and authority, and to operate effectively and according to the Kairos Prison Ministry Operating Procedures. Additionally, this training will empower and equip all members of the local Advisory Councils to perform their duties according to the highest standards with a spirit of Excellence and Spiritual Integrity.

Requesting Advisory Council Training:

- The Advisory Council should contact their State Chapter Committee to request training.
- The State Chair will fill out the attached form and forward the form to Monika Hesse, Programs Administrative Assistant (monika@kpmi.org) at Kairos Prison Ministry International's office.
- Please provide three (3) potential dates for training for Advisory Council Training.
- Once this form is received, Monika will record the state's request. When the training is scheduled, Monika will notify the State Chair and the local contact with the date and time of the training.
- Advisory Council Training will be conducted via Zoom. Once the Zoom meeting has been scheduled Monika will forward the call-in information and the training materials to the local contact. The local contact will be responsible for sending the call-in information and the training materials to each of the Advisory Council Chairs, and the additional persons listed on the request form so that they can provide it to each attendee from their Advisory Council.
- The training materials will be available as both a word document and as a fillable PDF so attendees can either print out a copy of the materials or can take notes on their computers.
- The local contact will keep track of who attend and complete their training. They will provide the list of the attendees' name and their Advisory Council to Monika within 48 hours of the training. The names of those who attended and completed the training will be shared with the State Chair.

Training Guidelines:

- The training lasts four hours. A time of questions and answers will follow but is not to exceed one hour – so please plan accordingly.
- The maximum number to be trained on each Zoom call is 42 people.
- The minimum number to be trained is 10 people.
- Because of the importance of this training and the virtual platform, we would prefer no more than three Advisory Councils are trained at a time. If your state would like to train more than three Advisory Councils at a time, please indicate it on your request and we will conduct a separate Zoom training.

Cost of the Training:

- The cost for the training is \$6.00 per person.
- The minimum charge per training will be for 10 people or \$60.00.
- The maximum charge will be for 42 people or \$252.
- The fees cover all virtual training expenses and the costs of the training materials provided.
- States will be billed by Kairos Prison Ministry International.



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Please email this ADVISORY COUNCIL TRAINING REQUEST FORM to: monika@kpmi.org.

Date of Initial Request: _____

State Making Request: _____

State Chair Contact name: _____

Phone: _____

Email: _____

Advisory Council(s) to be trained:

(Minimum # of People 10 – Maximum # of People 42 per zoom call)

1. Advisory Council: _____ Chair: _____

Chair Email: _____ Chair phone: _____

2. Advisory Council: _____ Chair: _____

Chair Email: _____ Chair phone: _____

3. Advisory Council: _____ Chair: _____

Chair Email: _____ Chair phone: _____

4. Advisory Council: _____ Chair: _____

Chair Email: _____ Chair phone: _____

(Any Other Attendees – Name, email and phone #)

Local ACT Contact: _____

Contact email: _____

Contact phone: _____

Approximate No. of Participants: _____

Dates proposed for Training: (1) _____

(2) _____

(3) _____