

**KAIROS INTERNATIONAL INC., GEORGIA DISTRICT
NOMINATION FORM FOR KAIROS WEEKEND LEADERS**

To be completed by the Advisory Council

The _____ Prison Advisory Council Nominates;

Nominee's Name: _____ Phone Number: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Occupation: _____ Work/Office Phone: _____ #

Denomination: _____ Worships At: _____

Kairos Experience: _____

Interviewed by the Advisory Council on: _____

Council Members Comments:

Kairos Talks Given: _____, _____, _____, _____

_____, _____, _____

Nominee's Attendance Record at past Team Building Meetings? ____%

Nominee's Attendance at Monthly Reunions? ____%

I have been interviewed regarding all state and local requirements for Weekend Leaders at:
_____ and will comply with those requirements;

Signature of Nominee

Served as Retreat Master: _____

Served as Observing Leader: on Kairos # _____ Date _____

If approved will serve as Leader of Kairos # ____/____/____
Date

Advisory Council Chairman: _____ / _____
Signature Date

Submitted on: _____

Action By Georgia Committee Chairman: Approved _____ Disapproved _____

Chairman's Signature: _____ Date: _____