



KAIROS OUTSIDE of Georgia

Team Application

Mail to: KO of Georgia PO Box 407, Centerville, GA 31028-0407

NAME _____ GENDER (circle) F M

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL NUMBER _____

DATE OF BIRTH _____ BEST TIMES TO CALL YOU _____

E-MAIL _____ CHRISTIAN CHURCH AFFILIATION _____

ATTENDED 3 DAY WEEKEND (circle) **Cursillo / Emmaus / Tres Dias / Via de Cristo / Kairos Outside / Kairos Torch / Kairos Inside Weekend#** _____ at (location) _____ on (date) _____

Are you active in a Share/Prayer Group? YES NO **Are you active in a Reunion Group?** YES NO

PREVIOUS TEAM EXPERIENCE? YES NO **IF YES, CHECK ALL THAT APPLY:**

LEADER ADVISING LEADER SPIRITUAL DIRECTOR (Ordained?) YES NO

MUSIC (Instrument?) _____ SONG LEADER KITCHEN SET UP

TABLE LEADER TABLE SERVER AGAPE FACILITIES/ANGEL COORDINATOR DAY ANGEL

SPEAKER Talks/Meditations Given: _____

AGREEMENT

By my signature, as a faithful member on a Kairos Outside Team:

1. I will obtain a current Kairos Outside Manual and will be familiar with my responsibilities as presented therein.
2. I will make every effort to attend **ALL** Team Meetings.
3. After becoming familiar with the program, as a Christian I agree to support, in good faith, the Weekend activities, as well as the theological and scriptural content of the Talks/Meditations outlined in the Kairos Outside Manual.
4. I will abide by the rules of confidentiality as set forth in the Kairos Outside Manual. **I understand if I breach confidentiality during any Kairos Outside activities, I may be dismissed from the Ministry.**

SIGNATURE _____ DATE _____

All Kairos Outside activities are drug, alcohol and fragrance free.

BRING COMPLETED APPLICATION TO FIRST TEAM MEETING

If you will be a Team Member for the upcoming **Kairos Outside** Weekend and are on parole or probation, **written permission** from your supervising parole or probation officer is required a minimum of 30 days in advance of the first Team Meeting.

Please complete Section A, have your supervising officer complete Section B, and **then mail this form to us.**

Kairos Outside may contact your Parole / Probation Officer.

Section A – Team Member Information:

Planning to work **Kairos Outside** Weekend # _____ on _____, 20____

Name of Retreat Center: _____

Address _____

City _____ State _____ Zip _____

Are you on probation or parole? (**circle one**)

Section B – Parole / Probation Officer:

Name: _____ Title _____
(please print)

Address _____

City _____ State _____ Zip _____

Phone (work) _____ (cell) _____

E-mail address _____

_____ *Approved* _____ *Denied*

Signature _____ Date _____